NON-VCUHS Educational Rotation Process
Graduate Medical Education Administration

Resources Webpage: http://www.medschool.vcu.edu/gme/nonvcuhs/index.html

1. Resident/Fellow contacts the appropriate VCUHS Program Director/Program Coordinator indicating interest in completing an educational rotation.

2. Program Coordinator directs the rotator to the GME Non-VCUHS Rotator Resources webpage for instructions and forms.

3. Rotator completes the Non-VCUHS Housestaff Educational Rotation Form and returns it to the VCUHS Program Coordinator, with all required paperwork noted below for Program Director’s approval, 60 days prior to start of rotation.

4. Rotators to VCUHS are required to have a current Virginia Board of Medicine license. The application may be downloaded from their website at: http://www.dhp.virginia.gov/Medicine/medicine_forms.htm#Internship (instructions and application for a Virginia Internship/Residency license). Rotator submits the application directly to the VA Board of Medicine. Form A will be provided to the Board by the VCUHS Program Director’s Office (i.e. if you are a resident of the District of Columbia, your current institution Program Director can complete the Form A and submit to the VA Board of Medicine). Note: If you are an International Medical Graduate, you will need to provide a notarized copy of your ECFMG Certificate and of your Medical School Diploma with your Virginia License Application.

5. Once approved by Program Director, Program Coordinator enters all required information in New Innovations (i.e., see GME website for required data).

6. Program Coordinator sends copies of all rotation paperwork to Arika/GME Office for Dr. Call’s/GME approval (60 days in advance of rotation).

7. Dr. Call’s/GME Office sends letter to rotator (copies to appropriate personnel) approving the rotation via e-mail.

8. Arika/GME Office submits paperwork for VCUHS identification, scrubs, security access, doctor #, window’s login, F5Clinical Access, CERNER login (The Learning Exchange) etc., within appropriate timeframe and enters this information in New Innovations (as requested by the VCUHS Program Coordinator for this particular rotation).

9. Program Coordinator arranges and communicates with rotator regarding where to come on first day of rotation, parking, housing, acquiring VCUHS ID Badge, Cerner Online Training, anything pertinent to begin a successful rotation at VCUHS (i.e., instructs rotator to bring own white coat).

10. Upon arrival and after receiving VCU ID Card from VCU Card Office, the rotator must report to the GME Office to provide the following: copies of the VCUHS ID badge (front and back), and certificate of passing CERNER on-line training.
11. **At the end of the rotation**, the rotator and program coordinator complete the Non-VCUHS Housestaff Educational Rotation Exit Form, located on the GME Non-VCUHS Rotator Resources webpage.

12. The Program Coordinator sends the completed Exit Form and a copy of evaluation to Arika/GME Office.

13. Please bring your own lab/white coat as VCUHS does not supply.

** If rotator is currently a **Resident** at another institution and is doing a “try out” rotation for a possible fellowship position, the **VCUHS Department (Residency) Program Director** must approve the rotation. If the person is currently a **Fellow** at another institution, the **VCUHS Division (Fellowship) Program Director** must approve the rotation.

**Before rotation can begin, the rotating resident MUST submit the following to the respective VCUHS Program Coordinator:**

1) Completed Non-VCUHS Educational Rotation Form

2) Copy of Letter of Agreement/Good Standing

3) Current Virginia Board of Medicine License

4) Proof of Malpractice Insurance from Home Institution (equal to Virginia minimums)

5) Proof of Worker’s Compensation Insurance from Home Institution

6) Letter of Good Standing from your current Program Director

7) Copy of current driver’s license or current passport (must be viewable)

8) Current CV

9) ECFMG Notarized Certificate, if applicable (in addition to your VA Board of Medicine Application)

10) Copy of Medical School Diploma, if applicable (this is in addition to the one you submit to the VA Board of Medicine for your license) – English translation required.

11) Supplemental Application Form

12) Release of Information Form

13) VCUHS HR Confidentiality Agreement

14) VCUHS HR Orientation Handbook Agreement

15) **Health Forms**: Please see required form on main page: Immunization/Screening Requirements for further details. Rotator is to follow up with Employee Health to ensure they have submitted all required documentation to work on the floor. Employee Health: Lark Bailey at lark.bailey@vcuhealth.org
GRADUATE MEDICAL EDUCATION
NON-VCUHS HOUSESTAFF EDUCATIONAL ROTATION FORM

To be completed by Rotator

(Submit this form with all paperwork requirements to the appropriate VCUHS Program Coordinator for processing. Incomplete and illegible forms will be returned and will delay your approval (i.e., no DEA # put N/A).)

Name of Rotating Resident: (Please print) ____________________________________________________________

Home Address: ___________________________________________________________________________________

E-Mail Address at Work: ____________________________________________________________________________

Home #: [_____] ____________________ Work #: [______] _____________________    Cell #: [_____] ___________________

DOB: _____________________ SS#: _____________________________   Male / Female   (Please circle one)

Make/Model of Vehicle: ____________________________________ License # of Vehicle: _________________________

PGY Level: ________________ NPI#: ____________________________ DEA #: ___________________________________

Current Home Institution: ___________________________________________________________________________

Current Program Director’s Name & E-Mail Address: _______________________________________________________

Medical School: ___________________________________________________________________________________

Medical School Graduation Date (Month/Year): ________________  Initial Program: ______________________________

Emergency Contact Information:

In the event of an emergency, please contact: ____________________________________________________________

Address (City/State/Zip): ___________________________________________________________________________

Phone #: [__________] ________________________ Alternate Phone #: [__________] ________________________

VCUHS Program Director’s Name: _______________________________ VCUHS Program: _________________________

Requested Rotation Dates: From: _________________________ Through: _________________________

Purpose of Rotation: ____________________________________________ (Please attach additional information if necessary)

The information provided for this rotation is true. I agree to provide all documents required for this rotation no later than 60 days before my rotation begins.

____________________________________________________ __________________________________
Rotating Resident/Fellow Signature Date

Note: If rotating to the Veteran's Administration Hospital, rotator must contact Dr. Lenore Joseph, Associate Chief of Staff for Education at (804) 675-6247 for VA requirements and inform VCUHS Program Director/Coordinator that contact has been made.
To be completed by VCUHS Program Director & Home Institution:

EDUCATIONAL ROTATION LETTER OF AGREEMENT
[Non-VCUHS Educational Rotation]

This agreement is between the residency training program in PROGRAM NAME at Virginia Commonwealth University Health System (VCUHS) and the resident's HOME INSTITUTION.

Both parties agree to the following provisions:

1. The director of the PROGRAM Residency/Fellowship Program at VCUHS is PROGRAM DIRECTOR. The attending physician who will assume administrative, educational, and supervisory responsibility for the resident(s) during their rotation at VCUHS is FACILITY PROGRAM DIRECTOR.

2. The educational goals and objectives for this rotation in the participating institution are (WHAT, WHY, HOW LONG):

3. Supervision and Evaluation: (HOW IS THIS DONE)

4. This agreement is effective for the rotation period beginning ROTATION START DATE and concluding ROTATION END DATE. Either party reserves the right to cancel this agreement.

5. Salary and benefits including Professional Liability Insurance and Worker’s Compensation Coverage will be provided by the HOME INSTITUTION. A certificate of liability insurance coverage, including coverage limits, and verification of Worker’s Compensation coverage will be provided by HOME INSTITUTION.

6. Dr. NAME OF ROTATOR is currently a PGY LEVEL resident/fellow in PROGRAM at FACILITY. Dr. NAME OF ROTATOR is in good standing with HOME INSTITUTION & PROGRAM.

FOR: Virginia Commonwealth University Health System:

FOR: HOME INSTITUTION

PROGRAM DIRECTOR SIGNATURE _______        ATTENDING SIGNATURE _______
Program Director Name Date Facility Program Director Name Date

_________________________                    ______________
Mary Alice O'Donnell, Ph.D.  Date
Director, Graduate Medical Education

Effective 02/20/2013
VCUHS PROGRAM/FELLOWSHIP COORDINATOR RESPONSIBILITIES

Rotating Resident Name: ______________________ [Please Print]

VCUHS PROGRAM DIRECTOR/COORDINATOR’S SIGNATURE: ________________________ Date: ____________________

☐ I have completed/received the following PRIOR to submitting this form to the GME Office:

☐ Program/Fellowship Coordinator arranges and communicates with rotator regarding where to come on first day of rotation, parking, housing, acquiring VCUHS ID Badge, Cerner Online Training, anything pertinent to begin a successful rotation at VCUHS [i.e., bring their own white coat]. Date Communication Occurred: __________________________ [i.e. either via phone, fax, e-mail]

Required paperwork submitted to GME: [please check off]

☐ VCUHS application complete  ☐ Current VA license  ☐ Proof of malpractice*  ☐ Proof of worker’s comp

☐ Current CV  ☐ Educational Rotation LOA  ☐ Letter of “Good Standing”  ☐ Copy ECFMG certificate

☐ Copy medical school diploma  ☐ GME release of information  ☐ HR orientation HB agreement *equal to Virginia minimums

☐ GME supplemental app. form  ☐ HR confidentiality agreement  ☐ current drivers lic/passport (viewable)

☐ Date EH Paperwork sent to EH [include rotator name, cell #, program rotating through, & rotation dates]: _______________________

VCUHS Program/Fellowship Coordinator Entered Required Information in NI:

☐ Verify Home Institution is in NI as a rotator program. If not, contact Martha/GME [828-5648] to create.

☐ Public Notes – “00/00/0000-00/00/0000-Non-VCUHS Educational Rotation, Institution Name, City, State, your initials.

☐ Public Notes – “00/00/0000-00/00/0000-OBSERVED - Non-VCUHS Educational Rotation, Institution Name, City, State, your initials.

☐ Full Name (F, MI, L)  ☐ Title  ☐ Gender  ☐ Credentials [medical school diploma]

☐ Employer [Home Institution]  ☐ NPI #  ☐ SSN  ☐ Birth Date

☐ Birth City  ☐ Birth State  ☐ Birth Country  ☐ Marital Status

☐ VCUHS Work Address  ☐ Rotator Home Address  ☐ VCUHS Phone #  ☐ Rotator Cell #

☐ VCUHS Pager # [if issued]  ☐ Primary E-mail [secure]  ☐ Emergency Contacts  ☐ Citizenship

☐ ECFMG Certification Date  ☐ Medical Degree Date  ☐ DEA License #  ☐ VA Board of Medicine License #

☐ Training Record  ☐ Block Schedule -NI  ☐ IRIS Information [Initial Program]

Rotator will need access to the following; Arika/GME to process requests (if not checked off, access will not be processed):

<table>
<thead>
<tr>
<th>Access Request</th>
<th>Yes</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scrubs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security</td>
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<td></td>
</tr>
<tr>
<td>Online Cerner Training</td>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td>Windows Login</td>
<td>Yes</td>
<td>NO</td>
</tr>
<tr>
<td>F5 Clinical Remote</td>
<td>Yes</td>
<td>NO</td>
</tr>
</tbody>
</table>

Prior to this rotation, Program/Fellowship Coordinator has arranged for/provided appropriate information to the rotator for:

<table>
<thead>
<tr>
<th>Information Requested</th>
<th>Yes</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parking:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At the conclusion of this rotation, Program/Fellowship Coordinator I will provide to GME:

<table>
<thead>
<tr>
<th>Information Requested</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Evaluation</td>
<td></td>
</tr>
<tr>
<td>Completed Rotation Exit Form</td>
<td></td>
</tr>
</tbody>
</table>
GRADUATE MEDICAL EDUCATION
NON-VCUHS HOUSESTAFF
EDUCATIONAL ROTATION EXIT FORM

NAME: [PLEASE PRINT] LAST FIRST MIDDLE

PROGRAM: ____________________________ VCHS DOCTOR #: ____________________________

ROTATION DATES: BEGINNING: ______________ END: ____________________________

DEPARTMENT – HOUSESTAFF COORDINATOR: RECEIVED/CLEARED BY:

Turned In: VCUHS Parking Decal
[659 N. 8th Street, in the 8th Street Parking Deck]
Signature Date

Turned In: VCUHS Paging Office / Pager # ___________
[West Hospital, 10th Floor, North Wing]
Signature Date

Cleared With: VETERANS AFFAIRS MEDICAL CENTER
[Room 141-A]
Signature Date

Cleared With: VCUHS Medical Records
[CSB, 3rd Floor, Room 303B]
Signature Date

Cleared With: Tompkins-McCaw Library
[509 12th St.]
Signature Date

Cleared With: VCUHS Security (cancel badge access)
[Main Hospital, 2nd Floor]
Signature Date

Turned In: VCU ID Badge
[Sanger-B1-018]
Signature Date

I acknowledge that rotator has completed the leaving process above and is exiting our program in good standing:

PROGRAM DIRECTOR/COORDINATOR DATE

__________________________ EVAL REC'D ___________ HPD ___________

GME REPRESENTATIVE DATE

RETURN THIS COMPLETED FORM & THE FINAL EVALUATION TO:

GME OFFICE
Attn: Arika Taylor
Arika.Taylor@vcuhealth.org
804.828.5613

ATTENTION: Program Coordinator, please maintain the originals at your office and send copies of all paperwork/final evaluation to Arika/GME Administration via fax or e-mail.