Rowan University School of Osteopathic Medicine
Graduate Medical Education

1 Medical Center Drive, Suite 162 Stratford, NJ 08084
duffyaly@rowan.edu

Visiting Resident Rotation Application

Please read instructions before completing.

Name: _____

Address: _____ Zip Code: _____

Telephone: _____ E-mail: _____

At the time of the requested rotation I will be enrolled as a PGY _____resident at _____

_____(program name) in their _____ residency program.

Dates Requested: _____to _____ Alternate dates: _____ to _____

Are you interested in a RowanSOM Fellowship? _____Yes _____ No

If yes, which program(s)? _____

Please check desired rotation. For alternate rotations, use "1"as your first choice, "2" as your second choice, etc.

____ Cardiology	____ Critical Care	____ Endocrinology
____ Gastroenterology	____ Geriatric Medicine (IM or FM)	____ Hospice/Pall Care
____ Geriatric Psychiatry	____ Infectious Disease	____ Nephrology
____ OMM/NMM	____ Pulmonary/Critical Care	

____ Other (specify specialty) _____

I have read and understand the rules and regulations governing this request:

Signature of Resident: _____**Date:** _____

INSTITUTIONAL ENDORSEMENT (To be completed by the DIO where the resident is currently training.)

The resodemt named above is in good standing at this institution. Liability insurance of $1,000,000 / $3,000,000 covers the resident away from our program. Personal health coverage is in effect while the resident is away from our program. The resident has received HIPAA education. He/She is approved to take this rotation for credit.

Signature _____ Title _____ Date _____

Please attach proof of the following:

Professional liability insurance	COMLEX Scores	Letter of Good Standing from Program Director
Personal health insurance	Last Milestones Report	Current ACLS training
PPD within last year	Proof of HIPAA training	

APPLICATION INSTRUCTIONS

A. **ELIGIBILITY**: Any regularly enrolled full-time resident in an ACGME accredited graduate medical education residency training program may make application for a visiting resident rotation. You must be in good standing at your institution and covered by liability insurance of $1,000,000 / $3,000,000 while away from your training program. (Proof of coverage or policy statement of the resident's institution must be attached to the application request.) Also, personal health coverage must be in effect while you are rotating at our program. A copy of your criminal background check must be provided.

B. **COMPLETION OF APPLICATION**: Applications forms should be received a minimum of sixty (60) days prior to the start of the requested rotation. The resident should only complete the resident section of the application. Residents requesting rotations may be assigned to any of our affiliate hospitals based upon the availability of the position and needs of each institution. A separate completed application form (with institutional approval) must be submitted for each rotation requested.

C. **INSTITUTIONAL ENDORSEMENT**: Submit this application to the DIO at your program to complete the Institutional Endorsement. The institution must attach proof of liability coverage, personal health insurance and immunization records.

The endorsed application form must be faxed or scanned to the Rowan University School of Osteopathic Medicine GME Office at the following address:

FAX: 856-566-6222 ATTENTION – Allie Goetaski
Email: duffyaly@rowan.edu

For questions about the application, please contact Allie Goetaski at 856-566-2697.

D. **CRIMINAL BACKGROUND CHECK**: A criminal background check that was completed within one year of the requested start date is required in order to be accepted for a rotation. The criminal background check must include a Social Security number trace to confirm past residences and a criminal background search based on all areas of past residence. The search must have involved all levels of criminal offense, all types of adjudications, all legal processes not yet resolved and all types of offenses, extending as far back as possible. Military clearance will not be acceptable as a substitute for the criminal background check. You may satisfy the criminal background check requirement in one of three ways:

1. If you already had a criminal background check completed within one year of the requested start date, submit a copy to the email or fax as listed above. The report must comply with the requirements outlined above in “D.”

2. If you do not have a recent criminal background check, you will need to have one done. You may utilize the agency used by Rowan University School of Osteopathic Medicine. If you choose that option, you must send both the “Resident Authorization for Criminal Background Check” form and a check for the $95.00 fee made out to “ROWAN UNIVERSITY.”

3. If you choose to have another agency complete the criminal background check, you must ensure that they comply with the requirements outlined above in “D.” Submit a copy as listed above.

D. **NOTIFICATION**: An email with the status of your application will be sent to the email address you indicate on the application. Reporting information will be included if you have been accepted. Rotations are scheduled for the current academic year only. Rotations for the **next** academic year will not be set up until after June 1st. Rotations will not be set up by telephone, nor will the availability of any rotation be guaranteed by telephone.

E. **COMPLETION OF THE EVALUATION FORM**: Upon arrival at your rotation, you are responsible for providing your attending physician with an evaluation form. IT IS THE RESIDENT'S RESPONSIBILITY TO ASK HIS/HER ATTENDING TO COMPLETE THE EVALUATION.