

**UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE
VISITING RESIDENT APPLICATION FORM**

(please type or print clearly)

PART I: To be completed by the **VISITING RESIDENT**

Your Name: _____ SSN: _____
Home Address _____

Phone: _____ Fax: _____
Email: _____
Emergency Contact Name: _____

Phone: _____ Relationship: _____

Medical School Attended: (Name and Location): _____

Degree Awarded: _____ Degree Date: _____

If applicable: ECFMG Number: _____ Copy of ECFMG Certificate is required

Current Residency Program: _____ PGY Level: _____

Program Director (Name): _____

Phone: _____ Fax: _____

Home Institution (Full name & address): _____

Home Institution GME Contact (Print name): _____

Phone: _____ Fax: _____

Previous ACGME accredited residency training (List specialty, Institution name & location, dates of training): _____

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Rotation desired (program name): _____

Rotation dates: From: _____ To: _____

DOCUMENTATION WHICH MUST ACCOMPANY APPLICATION:

1. Letter from your Program Director and/or Director of Medical Education stating that you are in good standing and indicating approval of elective.
2. Proof of Immunizations and personal health insurance coverage.
3. Proof of professional medical liability with coverage amounts.
4. Proof of compliance with OSHA requirements/Worker's Compensation.
5. Completed Postgraduate Training Registration form (For MDs: Arizona Medical Board-\$50.00 training permit fee. www.azmboard.org For DOs: Arizona Board of Osteopathic Examiners-\$53.00 training permit fee. www.azosteboard.org) and have **HOME Institution** complete the Hospital Certification portion. Include a check made out to the appropriate Board to cover the cost of this registration.

Signature: _____ Date: _____
Applicant

Return application packet to Host Department for processing.

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PART II: HOST DEPARTMENT APPROVAL. Visiting resident is accepted to participate in the _____ clinical rotation.

Program Director: _____
Signature

Date: _____

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HOST DEPARTMENT: Forward completed application and required documentation to:
Graduate Medical Education Office
The University Arizona/UPHK GME Consortium
2800 E. Ajo Way
Tucson, AZ 85713