

## VISITING RESIDENT APPLICATION

Note: The VISITING RESIDENT APPLICATION and all required paperwork as noted on this application, must be forwarded to McLaren Bay Medical Education [stacy.denham@mclaren.org](mailto:stacy.denham@mclaren.org) at **least 8 weeks prior to the start of your rotation.**

### SECTION 1

To Be Completed By Visiting Resident:	
Name	
Rotation Requested	
Attending/Supervising Physician	
Dates (start, end)	
Intervals that residents will be returning to their base hospitals during out-rotations for clinic, didactics, etc.	
Base Institution	
PGY Level at Time of Rotation	
Residency Program/Specialty	
Residency Program Start Date	
Residency Coordinator Name	
Residency Coordinator Phone/Email	
Date of Birth	
Social Security Number	
State of MI License Number	
NPI Number	
DEA Number	
Medical School	
Medical School Graduation Date	
Home Address	
Home/Cell Phone Number	
Pager	
Email Address	

DOCUMENT CHECKLIST	
PROVIDE COPIES:	COMPLETE AND SUBMIT THE FOLLOWING FORMS:
Current CV	Visiting Resident Application
Driver's license	Standards of Conduct Acknowledgement Form
Social security card	Student Internship Acknowledgement
ECFMG certificate (If Applicable)	Access and Confidentiality Acknowledgement form
TB test results (within last 12 months)	Mandatory Orientation Review
Michigan Medical License (Medical & Controlled Substance)	Latex Allergy Screening
Life support certificate (ACLS, PALS, NRP, BLS, ETC)	Hepatitis B Consent/Waiver
Electronic version of Professional Photo (head shot)	Vaccination Consent
Malpractice coverage for rotation period	Assumption of Risk and Waiver liability
Rotation/Block Schedule for time period of rotation	

### RESPONSILTITES OF VISITING RESIDENTS:

1. Visiting Residents must abide by all the policies, rules, and regulations and by-laws of McLaren. McLaren may remove any resident who materially fails to follow such policies, rules, regulations and by-laws.
2. McLaren has the sole discretion to summarily remove from the rotation any visiting resident if in their opinion presents an imminent danger to the well-being of McLaren.
3. All medical records shall be completed within the guidelines established by McLaren. Medical records not completed may result in an incomplete rotation.
4. Unless authorized by the Program Director or specified in contractual relationship with the visiting resident's hospital, vacation and conference requests shall not be authorized during the rotation
5. All the conclusion of the rotation, visiting residents are required to check out of McLaren by completing a VISITING RESIDENT CLEARANCE FORM. Failure to check out will result in an incomplete rotation. This form includes the following:
  - Return all library and program materials
  - Complete all Medical Records and Dictations
  - Return Scrubs
  - Return badge to Medical Education Office

**RESIDENT SIGNATURE:**

**I hereby verify that the information and documents contained in this application are accurate, authentic and complete.**

<b>Name of Visiting Resident (print)</b>	<b>Signature</b>	<b>Date</b>
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**SECTION 2**

**TO BE COMPLETED BY BASE INSTITUTION (check which one applies)**

<input type="checkbox"/>	The Base institution does not intend to include any portion of this resident on its IRIS report for the time interval requested
<input type="checkbox"/>	Due to Clinical responsibilities at the Base Institution, we intend to claim a portion of the residents time on our IRIS report for the interval requested equaling _____%

<b>THE BASE INSTITUTION CERTIFIES THAT PHYSICIAN REQUESTING THIS ROTATION:</b>	<b>YES</b>	<b>NO</b>
Has permission of the Director of Medical Education and the Program Director at the Base Institution		
Is currently in good standing at the Base Institution in the residency program stated above		
Is deemed to be competent for the participation in the requested rotation and does not require any special supervision or other accommodations		
The Base Institution is an ACGME Accredited program with current accreditation status		
Is covered by the Base Institutions professional liability insurance during this rotation		
Has a Program Letter of Agreement between Base and Host Institutions		

**BASE INSTITUTION SIGNATURE:**

**I approve the above rotation and verify this resident will continue to be paid during his/her rotation at McLaren and malpractice insurance (unless provided otherwise by written agreement) will be provided by our institution and will cover his/her activities while at McLaren. Furthermore, McLaren will claim this resident for direct and indirect teaching costs during the rotation dates.**

<b>Program Director-Base Institution (print)</b>	<b>Medical Education Director-Base Institution (print)</b>		
<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>

**SECTION 3**

TO BE COMPLETED BY TEACHING/SUPERVISING FACULTY AND PROGRAM DIRECTOR:			
<b>The requested rotation has been authorized as an academic experience.</b>			
		Michelle Scharnott, D.O.	
<b>Teaching/Supervising Faculty – McLaren (print)</b>		<b>Program Director – McLaren (print)</b>	
<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>
<i>Additional Comment/Note:</i>			

**SECTION 4**

TO BE COMPLETED BY MCLAREN OFFICE COORDINATOR & MEDICAL EDUCATION DIRECTOR:			
<b>This application includes all supporting documentation and meets administrative requirements to begin the rotation.</b>			
Stacy Denham		Erin Reis, MBA	
<b>Office Coordinator – McLaren (print)</b>		<b>Medical Education Director – McLaren (print)</b>	
<b>Signature</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>
<i>Additional Comment/Note:</i>			

TO BE COMPLETED BY MEDICAL EDUCATION ADMINISTRATION:			
	Verify PLA		Send Care Giver ID to IT
	DME application Approval		Complete Access request form
	Get Care Giver ID		Schedule appt. with Resident for onboarding (pick up badge, etc.)