

VISITING RESIDENT APPLICATION FOR FELLOWSHIP AUDITION ROTATIONS

NAME		
Last	First	Middle
Mailing		
Address		Phone
Email Address		
Elliali Address		(For hospital computer access)
Rotation Requested Pulmonary/Critical Care		Gastroenterology
Dates		
Requested (1)	(2)	
	(Please give 1 st	and 2 nd choices)
Schools & Colleges (include years attended	d & year graduated):	
Undergraduate		Degree
Osteopathic College	. ·	Date of Graduation
Internship Hospital		
Date of Graduation		
Residency Program/Hospital		
Start Date Date of Gradu	uation	
Name and Address of current DME		
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Have you had a prior rotation in this Speci	alty? No 🛽	Yes 2
Have you ever been convicted of a felony?	No 2	Yes 2
If yes, please give details:		
<u> </u>		

Please see next page:



Have your GME office contact Michelle Maiorino to obtain an affiliation agreement. An executed agreement between your GME program and our GME program is required prior to any rotation.

The following documentation <u>must</u> be received in our GME office at least one month prior to the requested rotation, or the rotation will be cancelled.

- 1. Signed Affiliation Agreement
- 2. Letter of good standing with current hospital-based GME program, signed by program director
- 3. Photo ID
- 4. Proof of malpractice insurance by base hospital
- 5. Proof of Nevada Training License or Nevada Medical License, issued by Nevada Board of Osteopathic Medicine, valid for dates of rotation (see contact information below)
- 6. Curriculum Vitae
- 7. Copy of Comlex Board Scores
- 8. Copy of Transcripts
- 9. Proof of personal health insurance coverage
- 10. Copies of current immunization records
- 11. Background Check
- 12. 10 Panel Drug test
- 13. ACLS/BLS

Upon receipt of all the above documents, you will receive a letter confirming the rotation dates. Valley Hospital Medical Center reserves the right to deny rotations.

<u>PLEASE READ CAREFULLY BEFORE SIGNING</u>: If selected as a visiting resident at Valley Hospital Medical Center, I will abide by the rules and regulations of the Hospital and GME.

Name (Please print)	
Applicant's Signature	Date

Keep a copy for yourself and please return this application to: Michelle Maiorino via email or fax.

Email: michelle.maiorino@uhsinc.com

Fax: 702-388-7819 Phone: 702-477-6571

Contact Information for Nevada Training License:

Tammy Sines, Licensing Specialist Nevada State Board of Osteopathic Medicine 901 American Pacific Drive, Suite 180 Henderson, NV 89014

Phone: 702-732-2147 X222 Toll Free 877-325-7828 Fax: 702-732-2079

Website: tsine@bom.nv.gov