

Henry Ford Warren Hospital Graduate Medical Education In-Rotator Request Form

Instructions: Submit the **completed request** form no later than **60-Days** prior to the rotation start date to leverso1@hfhs.org

Rotation:	Service: (Neuro, GI, etc)
Staff Physician:	
Previous Rotator <input type="checkbox"/> Med. Student <input type="checkbox"/> Audition <input type="checkbox"/> Elective: <input type="checkbox"/> Yes <input type="checkbox"/> No Case Coverage needed: July 1-June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Audition <input type="checkbox"/> Elective <input type="checkbox"/> Core _____% at AMOH + % at Base _____	
Requested Rotation Dates (start/end) (May 1-31, 20XX)	

Athena Access Needed: Yes No

Applicant Name			
Credentials	<input type="checkbox"/> DO <input type="checkbox"/> MD <input type="checkbox"/> DDS <input type="checkbox"/> DPM <input type="checkbox"/> Other: _____		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth			
*Social Security #last 4	(You will need to provide your full SS# via the checklist)		
*NPI		*License #:	
*ECFMG #		*ECFMG Date	
Phone #			
Email:			

Medical School:	
Medical School Start(xx/xx/xx)	
Medical School End (xx/xx/xxx)	
*Applicant Home Institution (Hospital)	
*Current Residency/Fellowship Program	(i.e Internal Med)
*Current Program Year in Training (PGY)	
*Program Start Date (xx/xx/xx)	
*Program End Date (xx/xx/xx)	
Program Coordinator	
Coordinator Email	
Program Director	
PD Email	
*Initial Program: <input type="checkbox"/> Yes <input type="checkbox"/> No (If you are in a fellowship mark No . Provide info below, if second fellowship attach additional page)	
If No, Initial Program Specialty	(i.e Internal Med)
Initial Program Institution/Hospital	
*Initial Program Start Date (xx/xx/xx)	
*Initial Program End Date (xx/xx/xx)	
*Current Ascension Trainee/Associate	<input type="checkbox"/> Yes <input type="checkbox"/> NO If Yes Location:
Badge ID#	Employee # Computer Access ID:
Athena ID:	Ascension assigned DEA#:

Administration use ONLY: Approval by Specialty -Tentative approval pending completed application & checklist) Denied

PLA	NI Username:	Password:
Checklist Due		MI License
Credentialing		Dictation #
Provisioning		Badging#
IT	Access ID:	Expires 7/1/

Applicants return the completed Rotation Request form to the Rotation Specific AMOH GME Program Coordinator, for Approval