

Visiting House Officer Application for Clinical Rotation

Section I: To be completed by the Applicant *(type section I and II only)*

Select the Type of Rotation:

Required Rotation Elective Rotation

Primary Hospital of Rotation:

Henry Ford Hospital Henry Ford Jackson Hospital Henry Ford Macomb Hospital Henry Ford Wyandotte Hospital Henry Ford West Bloomfield Hospital

HFHealth Rotation/Service Requested: [Type Requested Rotation/Service]

Last Name: [Type Last Name] First Name: [Type First Name] M.D. or D.O. or M.B.B.S

Date of Rotation: From: [Select Date from Calendar] To: [Select Date from Calendar]

Male or Female PGY: [Select PGY Level] Resident or Fellow

Date of Birth: [Select Date from Calendar] Social Security Number (Full SSN Required): ____-____-____.

Email Address: [Type Email Address] Cell Phone#: [Enter Phone Number] NPI Number: [Enter NPI]

Personal DEA Number:[Type Personal DEA if applicable] Current Program: [Type Program Name]

Home Institution Name, City, State:[Type Name of Home Institution].

Section II: To be completed by the Applicant's Program Coordinator

Program Coordinator Name: [Type Full Name] Phone: ____-____-____

Email: [Type Email] Any time away from rotation (e.g., continuity clinics): [Choose an item]

Hours/week:[Type Hours/Weeks] If less than 40 hrs., how time will be used:[How many hours used]

Onboarding Packets/Requirements will be sent through MedHub. Documents are to be updated each academic year to reflect current licenses and certifications

Your application is not complete until all the following requirements are uploaded to MedHub:

- Up-to-date CV, including all post-graduate training; list current program first
- Professional Photo
- Copy of Medical School Diploma
- Copy of Medical License (all out of state applicants must obtain a Michigan Medical License)
- Copy of ECFMG Certificate if Foreign Medical Graduate
- Copy of DEA if applicable
- Infection Control Documentation (Proof of current TB immunization and Flu Vaccine required)
- ACLS through the American Heart Association (required for all rotations, PALS is an acceptable replacement for ACLS **for Peds rotations** only)
- BLS through the American Heart Association (required for all rotations)
- CHAMPS/MAPS/PECOS (required for all rotations, please upload proof of registration into MedHub or sign the CHAMPS/MAPS/PECOS attestation in MedHub)

Applicants Signature: _____

Date: Click or tap to enter a date.

If you have questions, please contact HFH GME at 313-916-1601 or GME@HFHS.ORG

Submit completed form to your Program Director for approval

Section III: To be completed by the Applicant's Program Director

- The house officer is not under any disciplinary restrictions at this time.
 - I approve the above rotation.
 - The house officer will continue to be paid by our institution during this HFHealth rotation.
 - Professional liability coverage will be provided by our institution during this rotation.
- Completed Program Letter of Agreement (PLA) utilizing the Henry Ford Health Template**

(attach).

Program Director (print): _____

Department/Service: _____

Email: _____

Phone number: _____ Fax number: _____

Program Director's Signature: _____ Date: _____

Return completed and signed form 45 days prior to start date to the Rotation-Specific HFHealth GME Program Coordinator.
Please attach professional photo to your application for badges

Section IV: To be completed by HFHealth GME Program

- I approve the above rotation through my service.
- Professional liability coverage will be provided by sponsoring institution during this rotation.
- There is a completed PLA utilizing the Henry Ford Health Template on File

Visiting house officer is to observe only (e.g., no patient contact).

Rotation requires Epic training (check all required) Inpatient

Provider

Ambulatory

ASAP for ED

Anesthesia Provider

Approving HFHealth Program Director: _____

Supervising Physician Signature (if applicable): _____ Date: _____

Submit completed form to the HFHealth GME Office