

RESIDENT/FELLOW ROTATION APPLICATION

Current training type: RESIDENT FELLOW



DEMOGRAPHIC INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Credential(s): _____ Primary Phone: _____ Email: _____

Address: _____

DOB: _____ SS#: _____ NPI#: _____ DEA#: _____

Medicaid ORP #: _____

EMPLOYER INFORMATION

Employer: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Email Address: _____ Phone Number: _____

MEDICAL SCHOOL INFORMATION

Medical School: _____ Graduation Date: _____

RESIDENCY TRAINING INFORMATION

Initial Residency Program/Specialty: _____

Initial Residency Training Site: _____

Start Date: _____ End Date (or anticipated): _____

RESIDENTS

For the following questions, please consult your Medical Education staff to ensure accuracy:

Current Residency Program (if different from initial program): _____

Post Graduate Year: _____ Training Year in Current Program: _____

Please provide any off-cycle information (if applicable):

FELLOWS

For the following questions, please consult your Medical Education staff to ensure accuracy:

Residency Program you graduated from (if different from Initial Program): _____

Current Fellowship Program: _____

Post Graduate Year: _____ Training Year in Current Program: _____

Please provide any off-cycle information (if applicable):

ROTATION REQUEST(S)

Single Rotation Application:

Academic Year Rotation Application:

Rotation Name: _____ Start date: _____ End date: _____

Rotation Name: _____ Start date: _____ End date: _____

Comments:



STATE LICENSURE OR TRAINING CERTIFICATE

Do you have a valid State of Ohio training certificate or medical license? YES NO

ADDITIONAL INFORMATION

For the following questions, please consult your program coordinator to ensure accuracy:

Will you be attending didactic sessions at your home program? YES NO

What are the date(s) & time(s) of your didactic session(s)

Will you be participating in any clinical activities at your home program? YES NO

What dates/times are your clinical activities?

Will you be taking call at your home institution? YES NO

What dates are you taking call?

Are you taking any vacation time during your rotation? YES NO

Please add your dates of vacation below:

DISCLOSURE

Are you aware of limitations which would prevent you from performing the duties of the rotation?

YES NO

Have you ever been convicted of a felony?

YES NO

Dermatology, Emergency Medicine, Family Medicine, and Internal Medicine – Submit to
Hannah Rowe hrowe@westernreservehospital.org

General Surgery, Orthopedic Surgery, Otolaryngology, and Podiatry – Submit to
Stephanie Thompson at sthompson1@westernreservehospital.org

DOCUMENT CHECKLIST

Once your application is approved, you will receive an email with instructions to login to our Residency Management Software, New Innovations and complete the In-Rotator checklist. This checklist allows you to submit all required documents electronically. Please have the following documents ready to upload in PDF format. Photographs of documents will not be accepted.

Medical School Diploma

- Must be in English

Current Curriculum Vitae

Valid Ohio Training Certificate or Medical License

- If you do not have an Ohio Training Certificate, please follow instructions in New Innovations.

Immunization Record

Immunization Record and/or Titers must include:

- Tetanus, Diphtheria, Pertussis (TDAP)
- Hepatitis B
- Measles, Mumps, Rubella (MMR)
- Polio
- PPD or chest x-ray
- Varicella or history of Chickenpox
- Influenza (during flu season only, November 1-May)

Photograph

- Headshot photo for our records
- Can be in Jpeg or comparable format

ECFMG Certificate (if applicable)

Background Check Verification

- A letter from your medical education department verifying completion of a background check.

Letter of Good Standing

Copy of Certificate of Liability Coverage

Thank you for submitting your application with Western Reserve Hospital. Once a decision has been made regarding your application, you will be contact via email and the institution contact will be copied.