

This form can be used to replace the long form AND all required paperwork ONLY IF the below applicant has rotated at the University of Cincinnati Medical Center within the same academic year of this request. Send completed form to UCMC Coordinator. CURRENT MALPRACTICE INSURANCE MUST ACCOMPANY THE SHORT FORM APPLICATION.

Name: _____ DOB: _____

Previous UCMC Rotation/Date: _____

SS#: _____ NPI: _____ Degree: _____

Ohio License/Training Certificate#: _____ Exp date: _____

DEA# (required): _____ Cell/Pager: _____

Email: _____ PGY Level: _____

Have you rotated here before?: Yes No If yes, what program? _____

Rotation Applying for: _____ Dept: _____

Rotation Dates: _____ Supervising Physician(UCMC): _____

Name of Parent Institution: _____

Coordinator Name & Phone: _____

Coordinator email: _____

Current Program: _____ Residency Start/End Date: _____

Medical School & Grad Date: _____ State: _____

International: Yes No If Yes, ECFMG #: _____ Issue date: _____

Attach Proof of Influenza Vaccination

Certification and Signatures:

This certifies that the above trainee/applicant is in good academic standing in the aforementioned training program, **and our Office/Program (Home Institution) has verified his/her qualifying credentials in accordance with the Joint Commission standards as well as the following items:** fully covered by health insurance, malpractice insurance provided by the parent institution, current training certificate or license to practice medicine in Ohio, all immunizations up to date; Hepatitis B vaccine; Tetanus, Measles; mumps; Rubella(MMR) vaccine since 1980 or proof of immunity; Varicella immunization or documentation of immunity; influenza if applicable, TB skin test performed in the last year, completed training in Universal Precautions, Bloodborne, and Airborne Pathogens within the past year, and received training with respect to the HIPAA standards for patient confidentiality and privacy.

Current Program Director (please print)

Signature of Current Program Director/Date

Visiting Institution Program Director (please print)

Signature of Visiting Institution Program Director/Date

Signature of GME Director:

Date:



Rotating Resident UC Health Compliance & Business Ethics Acknowledgement

I certify that I have taken Compliance, HIPAA Privacy and Information Security training at my primary healthcare employer within the last 3 years.

I have received the UC Health Code of Conduct and understand that it is my responsibility to read and comply with the legal and ethical practices contained in the Code of Conduct.

Should I witness any compliance issues or concerns, I must report it to a supervisor, to the Human Resources Department, the Compliance and Business Ethics Department (513-585-7224; Compliance@UCHealth.com) or the Compliance HelpLine (1-866-585-8030). I understand I can report issues or concerns anonymously through the Compliance Reporting form found on the homepage of the UC Health Intranet or through the Compliance HelpLine at 1-866- 585-8030.

I understand that UC Health has organization specific policies regarding Compliance, HIPAA Privacy and Information Security.

I understand that it is against UC Health policy to access any individual's medical record for which I do not have a legitimate business purpose to access. More specifically, I cannot view my own medical record, loved ones medical records, co-workers medical records, individuals who have been in the news or media medical records (to name a few examples) unless I am involved in the direct care and treatment, payment or healthcare operations of the individual on behalf of UC Health. If I need access to this information for personal reasons, I must access through MyChart.

I am aware that violations of the Code of Conduct and UC Health policies and procedures may result in disciplinary action that addresses my behavior.

I understand how to access UC Health's policies should I need to refer to them.

Printed Name: _____

Signed Name: _____

Date: _____

Department: _____

Primary Healthcare Employer: _____

UC Health Code of Conduct: <https://med.uc.edu/gme/externalrotators>