



Application for Visiting Residents, Fellows and Interns

We appreciate your interest in a Visiting Resident rotation here at Sparrow Health System. Your completed application **must be** approved in advance by our Education Committee or the Director of Medical Education must give you temporary approval. The Education Committee normally meets on the third Thursday of odd numbered months, i.e., January, March, May, July, September and November. Your application should be submitted to our Medical Education Department sixty (60) days prior to your requested rotation start date. Dictation numbers are not activated until the Director of Medical Education has approved the completed application, accompanied by all required documents.

We are here to assist you. Please call us at (517) 364-2164 if you have any questions regarding this application or the application process.

Please read the following information and follow the instructions:

1) Complete Parts I & II:

Please read the requirements noted in Part I then sign on the "Signature of the Applicant" line to verify that you understand what is expected of you.

Your current Program Director should read and agree to Part II, then sign on the "Signature of the Program Director" line. Also include a letter written by the Program Director stating your current status, i.e., in good standing or working to resolve deficiencies in (*please specify*).

2) Include copies of the following licenses and certification **with** your application:

A photocopy of your Social Security Card

Michigan Educational Limited License **OR** Michigan Permanent Physician License and DEA License
Michigan Controlled Substance License (either Permanent or Educational Limited)

A letter verifying professional liability insurance coverage

Proof of current ACLS certification

A current résumé or curriculum vitae

A copy of the ECFMG certificate if applicable

A copy of the letter from accreditation agency (ACGME or AOA) verifying program's status

A copy of your medical school diploma **or** a dean's letter verifying that you graduated (or graduating) from your medical school.

A letter of good standing in current program

3) Mail your completed application to: Sparrow Health System, Office of Medical Education, 1215 East Michigan Avenue, Lansing, Michigan 48912-1896. Alternatively, you may fax it to: (517) 364-2763.

4) Send Sparrow Health System **written** notification 30 days prior to any cancellations.

5) Approval will be obtained by the Medical Education Department of the preceptor/faculty member involved and get the signature of the Director of Medical Education following approval by the Education Committee. You will receive an acceptance letter from the Office of Medical Education, which verifies your approval status.

6) Report to the Medical Education office before beginning your rotation to sign-in and pick-up a House Staff Manual, Meal Pass (\$10.00 deposit required) and arrange for various other details.

Please keep this instruction page for future reference

APPLICATION FOR VISITING RESIDENTS, FELLOWS and INTERNS

PART I – APPLICANT

PLEASE PRINT OR TYPE YOUR RESPONSE

*** Initial Program: _____

Service Requested: _____ Preceptor: _____

Dates: FROM ____ / ____ / ____ TO ____ / ____ / ____ PGY: 1 2 3 4 5 Fellow: 1 2 3

Have you rotated on a service at Sparrow Hospital before: Yes No

Applicant Name: _____ MD DO Date of Birth: ____ / ____ / ____

Home Address: _____ Zip Code: _____

Social Security #: _____ Home Phone #: _____ Beeper #: _____ ECFMG # _____

Medical School: _____ Month, Day and Year of Graduation: ____ / ____ / ____

Citizenship: US Other (please specify): _____ VISA: _____

Program: _____ Institution: _____

Program Address: _____

Name of Program Director: _____ Telephone No.: _____

Fax No.: _____ Who Is Your Employer? _____

*** E-Mail Address: _____ @ _____

I hereby verify that the information and documents contained in this application are accurate, authentic and complete. I, as "Resident" agree to:

- (a) Perform duties satisfactorily and to the best of my ability under the Medical Education authority of Sparrow Hospital.
- (b) Perform my duties and/or responsibilities as shall be determined by the Chief Instructor of the defined rotation in conformity with the conditions established by the Sparrow Hospital Department of Medical Education.
- (c) Perform my duties and discharge my responsibilities in compliance with state licensing laws, the standards of care and all Sparrow Hospital performance standards, policies, rules and regulations and procedure.
- (d) Obtain and maintain appropriate medical and controlled substance licenses to practice in the State of Michigan while performing my duties and responsibilities under this Agreement. Resident further understands that in the event the Resident does not obtain or maintain appropriate licensure for any reason, the Resident must inform the Hospital's Director of Medical Education immediately and will be suspended immediately without educational credit from all duties and responsibilities. The Resident may be subject to other disciplinary action for failing to obtain and maintain licensure.
- (e) Complete all medical records for which I am responsible in a timely manner and in full compliance with all policies and/or requirements established by the Hospital and/or Medical Staff and/or Attending Physician(s).
- (f) Comply with program standards for total hours of duty in a workweek as a result of any other employment.
- (g) Arrange for housing and all other financial obligations through my home program and personal means. Sparrow Hospital assumes no financial obligations for housing, stipend, insurance or other benefits unless previously defined by an Institutional Affiliation Agreement.
- (h) Fulfill all responsibilities and assignments defined by the Chief Instructor of the educational experience.
- (I) Complete orientation for Surgery, Neonatology and other rotations when required by the service.
- (j) Be responsible as a licensed professional to insure that I understand all applicable duties and/or standards as required.
- (k) Not take vacation or other time-off during this rotation.

I am aware that not fulfilling the above responsibilities may result in a failing evaluation and/or denial for a future rotation at Sparrow Hospital for other Residents and myself from my Residency program.

Signature of the Applicant _____ Date ____ / ____ / ____

PART II - PROGRAM DIRECTOR

I verify that:

- (a) The above named Resident/Fellow/Intern is a trainee in good standing in a program, which I direct and that there has been no licensing, liability, disciplinary or other problems with this applicant.
 - (1) Program is accredited by ACGME _____, AOA _____, Other (specify) _____
 - (2) Attach a copy of most recent accreditation letter.
- (b) The above named Resident/Fellow/Intern has received all Hazardous Materials training and Universal Body Fluid Precautions training, Blood Borne Pathogens training and has met immunization and other personal health status requirements of the State of Michigan and Federal Law/Regulations.
- (c) The above named Resident/Fellow/Intern's activities at Sparrow Hospital will be adequately covered by Professional Liability Insurance under a policy issued to the home institution and program by:

Name of Insurance Company: _____ Policy Number: _____

Limit per incident \$ _____ Limit per aggregate \$ _____ Policy Expiration Date _____

- (d) Sparrow Hospital will assume no financial responsibilities for this trainee unless previously defined by an Institutional Affiliation Agreement.

Please note any special training needs or problems Sparrow Hospital should be aware of in a letter to the Director of Medical Education, William Gifford, M.D. and attach it to this application

I agree that: Sparrow Hospital will claim this Resident/Fellow/Intern's time via I.R.I.S. Yes No

Please estimate the **percentage** of time your Resident/Fellow/Intern will spend during the requested service at the following:

Sparrow Hospital _____% Non-Hospital Clinic Setting _____% Other Hospital(s):

Hospital _____ (name) _____% Hospital _____ (name) _____%

Signature of Program Director _____ Date ____/____/____

Sparrow Hospital agrees to:

- (a) Provide the educational experience specified in this application according to the Visiting Resident policies of the Sparrow Hospital Education Committee.
- (b) Provide parking, meals and call quarters as deemed necessary by the Chief Instructor supervising the applicant.
- (c) Evaluate the applicant's performance accurately through the Chief Instructor of the service requested when the home residency program provides an evaluation form.
- (d) Provide the applicant with a copy of the House Staff Policy Manual.

PART III - TO BE COMPLETED AT SPARROW HOSPITAL

Service Approval Signature _____ Date ____/____/____

Action by Sparrow Hospital Education Committee/Director of Medical Education: Approved Denied

Date ____/____/____ Reason:

Signature of Director of Medical Education