



## UC IRVINE SCHOOL OF MEDICINE OFFICE OF GRADUATE MEDICAL EDUCATION

### ELECTIVE ROTATION APPLICATION

(Residents applying from another ACGME Accredited Training Programs to UCI for Elective)

The University of California, Irvine SOM supports housestaff elective rotations at UC Irvine when those rotations support an educational need of the housestaff. The sponsoring program must provide salary, benefits, including Worker's Compensation, and medical liability coverage during the elective at UC Irvine. The program director at UC Irvine must approve the elective prior to submission of application. **The maximum length of an elective is one month.**

**All guest rotators to the state of California must comply with the Medical Board Guest Rotator Policy:**

1320. Postgraduate Training Exemption Period; Guest Rotations

(a) Except as otherwise provided in this section, all approved postgraduate training shall count toward the two-year exemption period provided in Section 2065 and the three-year exemption period provided in Section 2066 of the code, including any training obtained within or outside of California, whether a full or partial year of training and regardless of whether the training was successfully completed.

(b) Notwithstanding the provisions of subsection (a), a person may participate in guest rotations in an approved postgraduate training program in California, not to exceed a total of 90 days for all rotations, if the person has graduated from a medical school that has either been approved by the division or recognized by the division as equivalent to an approved medical school and is engaged in approved postgraduate training outside of California.

NOTE: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2065, 2066, 2096, 2102, 2103, 2135 and 2428, Business and Professions Code.

**All guest rotators must comply with the California Medical Board Guest Rotator Policy, complete this elective application form and provide the following documentation at the time of application submission:**

- 1.) Current letter of good standing from program director;
- 2.) List of procedures that the resident/fellow can perform independently for his/her specialty created by the Program Director (must include a statement regarding handoffs);
- 3.) Proof of medical liability coverage, including amounts;
- 4.) Proof of Worker's Compensation coverage;
- 5.) Proof of HIPAA certification training;
- 6.) Current ACLS, BLS or PALS, as required by training program (**We only accept certification cards issued by the American Heart Association**);
- 7.) Copy of California medical license and DEA license (if applicable);
- 8.) Copy of ECFMG Certificate, PTAL and name of Medical School (We can only accept trainees whose medical schools are approved by the Medical Board of California) \* Foreign Medical School Graduates Only;
- 9.) Copy of Visa (if applicable)
- 10.) Current employee health screening, including immunization (including Flu Shot and TB test). Please reference the attached list of required immunizations.
- 11.) UCI Confidentiality Agreement
- 12.) California Medical Board or Osteopathic Medical Board – Post Graduate Training Registration Form \* Unlicensed Guest Rotators from Out of State Only.

**Please obtain the information requested on this form. Please submit this documentation to:**

UCI Program Coordinator:

Please submit this documentation no later than: \_\_\_\_\_



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UCI Program Coordinator: **Once all documentation is received, and reviewed by your program director, please ask your program director to sign this document under the “UCI Departmental Approval” section. Please submit the complete elective packet to Courtney Strayer, Director, GME for review and approval.** All electives are approved at the program level first. Please allow 6-8 weeks for processing.

### VISITING RESIDENT INFORMATION

<b>Name:</b>	<b>Pager Number:</b>
<b>PGY Level:</b>	<b>Do you currently have a medical license in the State of California?</b>
<b>Please list the dates of any past elective rotations completed in the State of California that would count toward the 90 day rotation limit:</b>	
<b>Name of Institution:</b>	
<b>Name of Training Program:</b>	
<b>Address:</b>	
<b>Name of Training Program Coordinator:</b>	
<b>Phone Number/Email of Training Program Coordinator:</b>	
<b>Is your training program ACGME accredited? YES or No</b>	
<b>Is your training program AOA accredited? YES or No</b>	
<b>Are you an International Medical School Graduate? YES or No</b>	
<b>If YES, Please provide the name of your Medical School:</b>	
<b>Are you a US Citizen or possess a permanent resident card? YES or No</b>	

### REQUESTED ROTATION INFORMATION

<b>Name of Rotation:</b>
<b>Requested Dates of Rotation:</b>
<b>Name of UCI Training Program:</b>



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**Goals and Objectives:** Educational Rationale for this elective rotation.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

**Sponsoring  
Program  
Director  
Information**

**Name:**

\_\_\_\_\_

**Title:**

\_\_\_\_\_

**Sponsoring Program Director Signature**

**Date**

**UCI  
Departmental  
Approval**

**Program  
Director:**

I agree with the educational rationale and the importance of this elective rotation. The sponsoring program will provide educational credit for this rotation.

**UCI Program Director Signature**

**Date**

**UCI Office of GME  
Approval**

**Director of Graduate Medical Education**

**Date**

*Please note: We do not accept electronic signatures on this form*