Graduate Medical Education
800 Washington Street, Box 836
Boston, MA 02111
Phone: (617) 636-1619
e-Mail: jeames@tuftsmedicalcenter.org

Instructions for Rotators

Rotator Eligibility: Residents from other training programs desiring a clinical rotation within our institution may be granted by clinical departments on a case-by-case basis to physicians provided they meet the following qualifications:

1) Are graduates of an accredited medical or dental school and are interns/residents/fellows in good standing in a GME program within an ACGME, AOA, or Dental-accredited institution.
2) Hold a valid Massachusetts license or they must apply for and be approved for a valid full, limited or dental Massachusetts license prior to the start of rotation. *NOTE: MA Limited License applications are time consuming, so please contact the Program Coordinator at least 5 months before your desired rotation date.
3) Fulfill all Tufts MC rotation documentation requirements.

Clinical Rotations **may not** be granted to:

1) Physicians who are not currently enrolled as interns/residents/fellows in graduate medicals education programs at an ACGME, AOA, or Dental-Accredited Institution
2) Individuals who have not yet graduated from a medical school
3)

Rotation experiences are not guaranteed and are subject to availability as determined by the Tufts MC program director or, in certain circumstances, the GME Office.

Directions

Please complete the following steps and return the application to the PC of your own program or the Tufts MC program coordinator/designee for the program you are rotating through, as appropriate. In certain circumstances, such as when groups from one program rotate into us, your own program coordinator may ask for these items to be sent to him/her and will then forward the materials on to Tufts Medical Center for you. The application must be received 3 months prior to the start of your rotation.

1) Contact the training program directly to inquire about availability. If we do not have a specific training program you may be able to rotate into a parent program that covers that rotation, or a department that covers that unit, if it is permissible by the program(s), departments, licensing authorities, accrediting authorities, and/or specialty boards. For example, a rotator desiring a month of pediatric GI experience would rotate through our Pediatrics program.

2) If your request to rotate is accepted, the program coordinator will forward the following items to you
   a. Rotator Applicant Instructions
   b. Rotation Application

3) Please notify the Tufts MC Program Coordinator 4-5 months prior to start of rotation if:
   a. You need a MA Limited License
   b. You hold a H1-B Visa

   Additional Processing time is needed for these situations. Please note that if you are applying for a MA license, send your application to your Program Coordinator. Do not send the application to the board.

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4) The following documents will be collected via a checklist on New Innovations. After your application has been reviewed you will be notified by the GME office at Tufts Medical Center with your log in information, and will be instructed to upload documents before your rotation can be cleared with the hospital. The bolded items listed below are required by all rotators. **All assigned items will need to be uploaded 2 months prior to the start of your rotation.**

- **Rotation schedule indicating rotation at Tufts MC (see example Pg 3)**
- **Letter from your Program Director (see example Pg 4)**
- **Verification that your home institution ran a CORI (can be included in your PD letter) * Do not include actual results**
- **Copy of valid MA license**
- **Copy of Malpractice coverage valid for length of rotation**
- **Employee Health Clearance Form: signed by an RN, NP or MD at your hospital's Employee Health Office.**
- If applicable: Copy of ECFMG certificate
- If applicable: Documentation of MassPat Registration
- Copy of valid VISA (Includes Permanent Resident & Work Authorization Cards)
- LCA if on a H1-B and required, if applicable
- Copy of MA Controlled Substance Certificate
- Copy of Federal DEA Certificate
- Waiver form for prescriptions and orders

5) If you have a MA Limited License you will pick up your Tufts MC Temporary Hospital DEA number from the Pharmacy Office located in South Basement on the day your start your rotation. Please bring a photo ID with you. This DEA# is only for use while you are at Tufts MC.
6) If you have a MA Full license and do not have your MA Controlled Substance and Federal DEA numbers please sign the Waiver form.
7) The program coordinator will assist you in getting your Tufts MC ID and Temporary DEA (if needed) when you arrive. Upon completion of your rotation please return your badge to the program coordinator.

EXAMPLE

DOCTOR'S NAME

Scheduleof : _____

July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Peds	**Tufts Elective**	Peds	Peds	Peds	Peds	Peds	Peds	Peds	Peds	Peds	Peds

This is only a sample of what a rotation schedule may look like. If your institution has a different format that is also acceptable.

Example

DEPARTMENT LETTERHEAD

EXAMPLE

TO: *TuftsMC Department's Program Director & GME Office*

FROM: Your *Program Director*
Program Name

RE: *Resident/Fellow's name*
DATE:

I have approved *Dr.'s name* to perform an elective clinical rotation under the supervision of *Name of Supervising. Medical Staff Member* in the *Name of Clinical Service* at Tufts- Medical Center. 800 Washington St.. Boston. MA. 02111. *Dr.'s name* is currently a PGY *level Resident/Fellow* in good standing at *your institution.*

He/She is scheduled to rotate through Tufts Medical Center's from *month. day and year* until *month. day and year:*

Iam attaching a certificate of insurance for *Dr's name,* which verifies their professional liability in the minimum amount of 1 million per Incident, 3 million annual aggregates.

Dr.'s Name has been cleared with a CORI background check completed by this hospital.

If you have any questions. please feel free to call *our telephone number.*

Sincerely,

Program Directors' name
Title

CC: TuftsMC GME Office, 800 Washington Street (Box 836), Boston, MA 02111

The principal teaching hospital for Tufts University School of Medicine

Tufts Medical Center

800 Washington Street
Boston, Massachusetts 02111
T 617 636-5000
tuftsmedicalcenter.org

Rotator Application

Revised 6/8/12

Please Print or type. **All areas MUST be completed**. If you are applying for more than one rotation please complete an additional page 1 for each additional rotation request.

ROTATION INFORMATION

Your Name (Last, First, Middle Initial)

NPI Number: Social Security Number:

Program or Department you wish to rotate into:

Dates of Rotation: Start (MM/DD/YYYY): End (MM/DD/YYYY)

Rotation Name:

Rotation type: Core Elective

Your Current Training Program:

Current PGY

Is your current training program ACGME-accredited AOA-accredited Dental

PERSONAL INFORMATION

Gender: Male Female Date of Birth (MM/DD/YYYY):

Cell Phone: Work/Office Phone:

Work/Office Address (#, Street, City/Town, State, Zip Code)

Primary Email Address:

Are you a US Citizen? Yes No

If No, what type of VISA do you have? H1B J-1 Permanent Resident Card
Work Authorization Card Other: (if other please specify)

Please attach a copy of your visa to your application. If you are on an H1-B please allow for extra processing time.

LICENSE INFORMATION

Please attach a copy of your license (*for MA Limited License or Dental License holders or a copy of the wallet-sized card if you are MA Full License holder.*)

License Type: I have a MA Full License I have a MA Limited License Dental
I need a MA Limited License I am applying for a MA Full License

MA License #

MA License Expiration Date (MM/DD/YYYY):

If you have a MA Full License, please supply the following:

Federal DEA # Please attach a copy of certificate to rotation application

MA Controlled Substance Certificate #: Please attach copy of certificate to rotation application

If you have a MA Full License and do not have MA Controlled Substance Certificate and a Federal DEA number you must sign a waiver indicating you will not prescribe medications while on your rotation at Tufts MC.

If you have a MA Limited License or Dental License you will obtain a Tufts MC temporary DEA# from our hospital pharmacy for use during your rotation at Tufts MC.

EDUCATION HISTORY

Are you a: US Medical School Grad. Dental School Grad. Foreign Medical School Grad.
Medical/Dental School: Degree Awarded:
School Address:

Dates of Attendance: Start (MM/DD/YYYY): End (MM/DD/YYYY):

Prior and Current ACGME-accredited, AOA- accredited, or Dental training. Please indicate any additional US training at the bottom.

Internship

Program Name: Hospital Name:

Address:

Start Date (MM/DD/YYYY): End Date (MM/DD/YYYY):
Did you/will you receive full credit for this training term? Yes No
Accrediting Agency for program (ACGME, AOA, etc):
Program Coordinator Name: Program Phone:

Residency:

Program Name: Hospital Name:

Address:

Start Date (MM/DD/YYYY): End Date (MM/DD/YYYY):
Did you/will you receive full credit for this training term? Yes No
Accrediting Agency for program (ACGME, AOA, etc):
Program Coordinator Name: Program Phone:

Fellowship:

Program Name: Hospital Name:

Address:

Start Date (MM/DD/YYYY): End Date (MM/DD/YYYY):
Did you/will you receive full credit for this training term? Yes No
Accrediting Agency for program (ACGME, AOA, etc):
Program Coordinator Name: Program Phone:

Have you ever had to repeat a year of training or been placed on remediation? Yes No
If Yes, please explain:

Have you passed USMLE Step 1?	Yes	No	N/A
Have you passed USMLE Step 2?	Yes	No	N/A
Have you passed USMLE Step 3?	Yes	No	N/A

If you are not required to take USMLE Exams please list the exams you are required to take and indicate if you have passed:

If you are a Foreign Medical Graduate please attach a copy of your valid ECFMG certificate (not applicable for Canadian medical school graduates.

For all FMGs

USMLE/ECFMG identification number:

ECFMG Certificate status: No expiration Valid Indefinitely

Expires (MM/DD/YYYY): N/A- Canadian Medical School Graduate

ADDITIONAL OR NON-ACGME TRAINING:

ATTESTATION

I am applying for a rotator position at Tufts Medical Center.

I am able to perform the procedures and the essential functions of the position for which I have applied or I have requested accommodation that will allow me to perform without posing a threat to patients.

If my application is approved, I agree to acknowledge my obligation to observe the clinical practices of my program, and to adhere to the ethical standards of my profession. I understand that my performance will be periodically evaluated by my supervising physician and other faculty as may be designated by him/her.

I agree to abide by all applicable policies, procedures, rules and regulations of either Tufts Medical Center itself, or my program specifically, during the term of my rotation. I agree to limit my practice to the scope stated in my program materials.

I agree to comply with the duty hour requirements for both Tufts Medical Center and my program as stated in the GME and program-specific Duty Hour Policies.

If I am training at Tufts Medical Center on a visa sponsored by ECFMG I will promptly notify Tufts Medical Center's Graduate Medical Education Office of my address change, travel outside the United States, birth of children, or other data that may be required by U.S. law.

All information submitted by me in this application is true to the best of my knowledge and belief.

Further, I attest that I have reviewed the mandatory education provided for rotators at http://www.tuftsmedicalcenter.org/ForHealthCareProfessionals/GraduateMedicalEducation/InformationforRotators..

and agree to abide by the provision contained in them:

-Body Mechanics

-Compliance-Fraud, Waste, and Abuse

-Cultural Competency

-Emergency Management

-Falls Prevention

-Hazard Communication

-HIPAA Mandatory Education

-Infection Control %ORRGERUQH 3DWKRJHQV

-Promoting a Culture of Safety & Quality

-Protecting Our Patients Abuse Detection

-Security Crime and Codes

-Sexual Harassment

-Sleep-Residents AM ACAD Sleep Med

-Tufts MC Mandatory Training

Applicant signature and date: