



## Visiting Residents and Fellows

Please complete legibly and send with copies of required documentation indicated on the onboarding checklist to:

Department of Graduate Medical Education  
10666 N. Torrey Pines Rd, 403C La Jolla CA, 92037  
Tele (858) 554-3200 Fax (858) 554-3232

Rotations are not approved until ALL documentation has been received by the GME office and you have received a confirmation email. The deadline to submit paperwork is one month prior to the first day of the rotation. For international trainees the deadline is two months prior.

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB:      /      /       
*mm dd yyyy*

Pager#: \_\_\_\_\_ Tele/Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Residency/Fellowship Program: \_\_\_\_\_

PGY Level: \_\_\_\_\_ Specialty: \_\_\_\_\_

Residency/Fellowship Coordinator: \_\_\_\_\_ Tele: \_\_\_\_\_

Department rotating through at Scripps: \_\_\_\_\_

Rotation Dates:      /      /      **to**      /      /       
*mm dd yyyy mm dd yyyy*

Scripps Supervising Faculty: \_\_\_\_\_

Medical School (Name/State): \_\_\_\_\_

Medical School Graduation Date      /      /       
*mm dd yyyy*

ECFMG Certificate#: \_\_\_\_\_ Date of Issuance:      /      /       
*mm dd yyyy*

Degree Received: MD  DO  DPM  PhD  MPH

NPI #: \_\_\_\_\_

Medical License: State \_\_\_\_\_ LIC#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

DEA #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### **TO BE COMPLETED BY THE GRADUATE MEDICAL EDUCATION OFFICE ONLY:**

**Corp ID # for clinical systems:** \_\_\_\_\_

Computer Access Requested  Call Center Notified  Dictation Access Submitted INPT/OUTPT  Added to Medicare Audit