Thank you for your interest in completing a visiting rotation at the University of South Florida and our affiliate hospitals. The minimum time required to process a visiting resident request is 8 weeks. Plan accordingly. To begin the approval process, please complete and provide the following:

1. **Visiting Resident Appointment form;** this form will initiate the approval process. The top portion must be completed, to include the USF Program Director’s signature, and returned to the GME Office, Attn: Linda Snell (lsnell@health.usf.edu).
2. **Limited Affiliation Agreement (LAA):** Must be in place between the 2 institutions; USF and Residents home program. This must be completed and signed off by the legal departments of both institutions. It can be returned to USF GME for signatures on the USF end. If an affiliation agreement is already in place, this step can be omitted.
3. **Voluntary Services Professional Agreement (VSPA):** this needs to be completed by each resident/fellow that wishes to rotate. Once the form has been completed, return to GME for USF signatures.
4. **Medical Malpractice:** Submit proof of malpractice insurance while on rotation at USF.
5. **Proof of a Florida Medical License:** to apply for licensure visit [http://flboardofmedicine.gov/](http://flboardofmedicine.gov/) At a minimum, a training license is needed to perform any clinical activities at USF. Please note, the Florida BOM will need verification of ALL other state medical licenses. The verifications must be sent from the issuing state directly to the Florida Board of Medicine. (Allow minimum of 6 weeks to obtain a State of Florida License.)
6. **Proof of Health Coverage:** Submit proof of health care coverage while on rotation at USF.
7. **Proof of Salary:** Submit proof of salary while on rotation at USF.
8. **Communicable Disease / Medical Health Administration (MHA):** Complete the Communicable Diseases paperwork and submit it to USF Health Administration (instructions are on the form). You must be cleared by Health Administration prior to starting the Visiting Resident Rotation. The office of MHA will communicate compliance to the GME office.
9. **Background Check / Drug Screen:** Proof of a recent back ground check and drug screen within the past year.
10. **HIPAA:** Proof of HIPAA compliance training.
11. **USF-mandated and Affiliated Hospitals requirements:** Visiting Residents must also comply with the training requirements at each affiliated hospital, which will include obtaining appropriate ID badge as needed, EMR training, DEA, and ACLS, PALS, and USF LEARN modules, etc as required.

Once all requirements are met, GME will return the Visiting Resident Appointment form with Dr. Mai’s signature and official visiting rotation approval to USF Program Coordinator.
USF HEALTH – Morsani College of Medicine
VISITING RESIDENT APPOINTMENT FORM

Completed by Visiting Resident/Fellow

Visiting Resident Name: ___________________________________________, MD / DO    PGY Level: ___________
Program/Rotation for which application is being made: ___________________________________________________
Subspeciality (if applicable):_________________________________________________________________________
START DATE: ___________________    END DATE: ____________________       SEX:    M    /    F
USF Rotation Supervisor: __________________________     Location of Hospital Rotation: _____________________
Tampa Area Address:_______________________________________________________   Zip:__________________
Phone: ________________________    E-Mail:_________________________________________________________
Medical School:________________________________________________   ECFMG #:________________________
CURRENT Program Information:
   Institution: _______________________________________________________________________________
   Program Contact:  NAME / PHONE #: ________________________________________________________
Specialty: _______________________    Year Started:________________

Completed by Program / Education Coordinator

☐ Visiting Resident’s current program is ACGME-accredited
☐ Salary Continuation (document)
☐ Current Malpractice Continuation for State of FL (document)
☐ Has Health Benefits (document)
☐ Approved by Florida Board of Medicine to practice at USF (FL Medical License #_________________) 
☐ Proof of recent HIPAA training
☐ Completed Communicable Disease Forms (copy attached)
☐ Has completed required affiliate training and/or paperwork / Has appropriate USF and/or Affiliate ID badge
☐ Proof of recent Background Check and Drug Screen (within past 12 months)
   (Note:  Background Check completed for FL BOM is acceptable)
☐ Ensures presence of other learners will not interfere with educational experience of USF-appointed trainees

Return Form to Linda Snell at lsnell@health.usf.edu

Completed by Office of GME

☐ Affiliate Agreements and Voluntary Services Agreements – fully executed and returned to EC and off-site affiliate
☐ Completed required Affiliate Paperwork

APPROVED:

USF Program Director ___________________________________________ Date ______________________
Sr. Associate Dean, Graduate Medical Education/DIO ___________________________ Date ______________________

Rev 1/2018