USF Health

GRADUATE MEDICAL EDUCATION

INSTRUCTIONS FOR VISITING RESIDENTS TO A USF-SPONSORED PROGRAM

Thank you for your interest in completing a visiting rotation at the University of South Florida Morsani College of Medicine and our affiliate hospitals. The minimum time required to process a visiting resident request is 10-12 weeks, so please plan accordingly. Below is an overview of the process and requirements:

1. Visiting Resident Appointment form: this form will initiate the approval process. The top portion must be completed and uploaded to your request at this link.
2. Medical Malpractice: Proof of malpractice insurance coverage while on rotation at USF.
3. Limited Affiliation Agreement (LAA): Must be in place between the 2 institutions; USF and the Visiting Resident's home program. This form is initiated by the GME Office once the rotation is approved by the PD and DIO.
4. Voluntary Services Professional Agreement (VSPA): To be reviewed and signed by the Visiting Resident once the LAA is signed by your home institution. You will receive this by email from USF for your signature.
5. Florida Medical License: Trainees must have, at a minimum, a State of Florida training license. To apply for licensure, visit http://flboardofmedicine.gov/. 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 a minimum of 6-8 weeks to obtain a State of Florida License.)
6. Proof of Health Coverage: Confirmation that the Visiting Resident will have health care coverage while on the rotation at USF.
7. Proof of Salary: Proof of salary continuation while on rotation at USF.
8. Communicable Disease / Medical Health Administration (MHA): Complete the Communicable Diseases paperwork and submit to USF Medical Health Administration by email to mha@usf.edu (instructions are on the forms provided in this packet). You must be cleared by Medical Health Administration prior to starting the rotation.
9. Background Check / Drug Screen: Mandatory background check and drug screen is required. Instructions are provided in this packet.
10. HIPAA/Required Modules: Proof of recent HIPAA compliance training is required; copy of certificate should be provided to USF. Other modules may be required depending on your rotation.
11. Diploma: Copy of Medical School diploma.
12. Residency Certificate(s): Copy of certificate(s) of completion of prior residency/fellowship training (if applicable)

13. ACLS/BLS (and/or PALS): Copy of current ACLS/BLS and/or PALS/BLS or other certification required by your specialty and/or the affiliate at which you will complete your rotation.
14. ECFMG: Copy of current ECFMG Certificate (if applicable).
15. 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 (USF and/or Affiliated Hospital), EMR training, ACLS/BLS/PALS or other certification, and USF SABA modules, as required.

TIMELINE / RESPONSIBILITIES

Visiting Resident:

- Submits Appointment Form (attached to request at this link)
- Submits proof of medical malpractice by email to USF GME (jamietidwell@usf.edu)
- Applies for FL Board of Medicine Training license; sends approval notice to GME Office
- Activates USF email account:
  - You will receive an email from USF IT with instructions for activating the account
  - Activate the account in order to be provided with a USF NetID and U Number
  - Notifies GME office once NetID and U number is obtained
- Receives an email @usf email account with instructions for accessing SABA
- Completes the SABA Modules, downloading certificates and sending by email to jamietidwell@usf.edu.
- Link to Saba login instructions

  List of Compliance Modules to search for:

  * Code of Conduct
  * HIPAA Privacy at USF Health
  * Computer & Information Security
  * Medicare Parts C & D

USF Program Administrator:

- Ensures all documentation listed above is submitted to GME
- Ensures the appropriate EMR training **is requested, scheduled, and completed** (EPIC, etc. depending upon the location of the rotation)
- Ensures clearance by affiliate(s):
  - If the rotation is at Tampa General Hospital, complete the TGH Profile Sheet and submit to Carmela Villanueva (carmelavillanueva@tgh.org) with supporting documentation.

USF GME Office:

- Requests the LAA and VPSA Agreements and ensures they are fully executed by both USF Legal and the Visiting Resident's Home Institution
- Requests the Guest NetID from IT Security

USF Health

Graduate Medical Education
Visiting Resident Appointment Form

Completed by Visiting Resident/Fellow

Name/DOB:_____, MD ☐ DO ☐ PGY Level: -

Phone:_____ E-Mail: _____

Current Address: _____

Program/Rotation for which application is being made: _____

Subspecialty (if applicable): _____

START DATE: _____ END DATE: _____ SEX: M ☐ F ☐

USF Rotation Supervisor: _____ Location of Hospital Rotation: _____

Medical School:_____ ECFMG #:_____

CURRENT Program Information:

Institution name and address: _____

Program: _____

Program Contact Name: _____

Program Contact Phone/Email: _____

Completed by USF Program / Program Administrator

- ☐ Visiting Resident's current program is ACGME-accredited
- ☐ Malpractice Coverage – Proof of coverage continuation for State of FL (document)
- ☐ Confirmation of current Health Insurance Benefits and Salary Continuation
- ☐ Approved by Florida Board of Medicine to practice at USF (FL Medical License #)
- ☐ Proof of HIPPA training (within last 12 months)
- ☐ Completed Communicable Disease Forms
- ☐ Has completed required affiliate training and/or paperwork / Has appropriate USF and/or Affiliate ID badge
- ☐ Background Check and Drug Screen (through CastleBranch)
- ☐ Copies of current ACLS/BLS/PALS Certification
- ☐ Copy of Medical School Diploma
- ☐ Has USF e-mail acct and completed SABA modules
- ☐ To ensure the educational experience of other USF appointed trainees is not compromised, the USF core residency and specialty fellowship program directors should attest by initialing below that USF trainees' education will not be compromised by the addition of this visiting resident.
  - Program_____ PD initials_____
  - Program_____ PD initials_____

Completed by USF Office of GME

- ☐ Affiliation Agreement and Voluntary Professional Services Agreement – fully executed
- ☐ Completed required Affiliate Paperwork

APPROVED:

_____ _____

USF Program Director Date

_____ _____

Sr. Associate Dean, Graduate Medical Education Date

UNIVERSITY OF SOUTH FLORIDA

GRADUATE MEDICAL EDUCATION

Visiting Resident COVID-19 Attestation

Dear Resident:

We look forward to having you visit USF Health Morsani College of Medicine (MCOM) clinic sites and/or one of our affiliate sites for an in-person visiting resident rotation. As USF MCOM does not own its hospital, we rely on our affiliations with local hospitals and clinics that partner with us to provide clinical experiences for medical students, residents, and fellows.

Each of these sites has its own COVID-19 screening mechanism before entry, including, but not limited to, a symptom survey and/or temperature reading. Additionally, each site has specific requirements for Personal Protective Equipment (PPE), such as masks and eye protection.

By signing below, the resident, _____, attests that they will cooperate with the COVID-19 screening procedures and PPE requirements at each clinical site. They further attest that they will immediately contact the Office of Graduate Medical Education at USF MCOM (jamietidwell@usf.edu), USF Medical Health Administration (mha@usf.edu), and their home institution, should any of the following circumstances occur in the 2-weeks prior to or during the rotation:

1. I have symptoms suggestive of COVID-19, regardless of having been tested or receiving a negative result on a recent test and will not enter the clinical site until cleared by employee health.
2. I am tested for COVID-19 and receive a positive result, regardless of whether I am asymptomatic.
3. I am denied entry to a clinical site following the completion of the COVID-19 screening procedures.

_____

Signature

_____

Date

Resident name:_____

Resident email:_____

Home (resident) institution:_____

Elective Location(s):_____

Medical Health Administration (MHA)

Prior to beginning training at the University of South Florida and its affiliated institutions, you must complete and return the attached form and supportive documentation **30 days prior to your arrival.**

Patient contact will not be permitted until the form and documentation are complete. You are urged to obtain the following documentation from your medical school or current residency program. All documentation must be in **ENGLISH**.

The University of South Florida Morsani College of Medicine is unable to provide the vaccines and laboratory titers required for starting your visiting residency rotation. These Immunizations and/or laboratory tests must be completed prior to beginning your training. If you are not able to receive certain immunizations e.g., they are contraindicated; please contact us directly to discuss your situation.

TB Screening: USF Health utilizes the tuberculin skin test (TST) to determine if a healthcare worker is infected with M. tuberculosis. All new healthcare employees and students must submit documentation of an initial TST
To meet the USF requirement, you must submit:

- Documentation of a current "Negative" TST **within 6 months** of training start date is required OR
- Documentation of a current "Negative" IGRA blood test (QFT / T-Spot) within 6 months of start date will be accepted in lieu of the TST.
- If you have a history of a Positive TB screening in the past (TST / QFT / T-Spot), you must submit a copy of a Negative Chest X-ray report.
- Tuberculosis Screening Questionnaire must be completed by everyone.

Documentation of influenza vaccination is required for visiting rotations scheduled from September through March.

The completed Communicable Disease Prevention Certification form along with the required, supportive documentation specified should be emailed to:

Medical/Health Administration, mha@usf.edu

If you have any questions regarding the communicable disease prevention certification process, please contact us directly by email or phone:

Phone: **(813) 974-3163**
Email: mha@ usf.edu

Communicable Disease Prevention Certification: VISITING Residents

Prior to beginning training at the University of South Florida and its affiliated institutions, this form ***must*** be completed and submitted with ***all required documentation attached 30 Days prior to beginning your rotation.*** Patient contact will not be permitted until the form and documentation are complete.
All documentation must be in English.

PRINTED NAME:_____ DATE:_____

STREET:_____ CITY:_____ STATE: _____ ZIP:_____

PHONE NUMBER(S): _____Residency Program Specialty: _____

DATE OF BIRTH: _____/_____/_____ Visiting Dates from _____ To _____ __

COMPLETE ITEMS A-I

A. **TUBERCULOSIS (TB) Screening: Everyone who has TB screening must complete page #4.**

1. 2 step results of NEGATIVE TB Skin Testing (TST/PPD). The last TST must be within 6 months of your start date. **Attach provider documentation.**

TST #1	Date Placed	Date Read	Result	TST	Date Placed	Date Read	Result
			_____mm induration	#2			_____mm induration

2. **OR** I am submitting NEGATIVE Interferon Gamma Release Assay (IGRA) blood test results (QFT/T-Spot) in lieu of the "Two-Step" TST. Must be within 6 months of the start date. **Copy of the Lab report required**. Date of test:_____

3. **OR** Individuals with a history of a POSITIVE TB skin test without a follow-up IGRA or a POSITIVE IGRA must submit both of the following:
   a. Verification of a NEGATIVE Chest X-ray
   Date of Chest X-ray_____ Result_____(Attach report)

B. MEASLES (RUBEOLA): Positive Titer or 2 vaccines

	Result	Date	Required Documentation
Rubeola Titer (IgG Blood Test)	Pos ☐ Neg ☐	___/___/___	Lab Report Copy
OR **Two** live Rubeola or **Two** MMR vaccines 1 year after birthdate		#1 ___/___/___ #2 ___/___/___	Vaccine Documentation Copy

C. MUMPS: Positive Titer or 2 vaccines

	Result	Date	Required Documentation
Mumps Titer (IgG Blood Test)	Pos ☐ Neg ☐	___/___/___	Lab Report Copy
OR **Two** live Mumps or **Two** MMR vaccines 1 year after birthdate		#1 ___/___/___ #2 ___/___/___	Vaccine Documentation Copy

D. RUBELLA (German Measles): Positive Titer or 1 vaccine

	Result	Date	Required Documentation
Rubella Titer (IgG Blood Test)	Pos ☐ Neg ☐	___/___/___	Lab Report Copy
OR **One** live Rubella or MMR vaccine 1 year after birthdate		___/___/___	Vaccine Documentation Copy

Communicable Disease Prevention Certification:

Name_____

E. VARICELLA (Chicken Pox): *Serologic documentation of a positive Varicella titer* ***OR*** *two Varicella immunizations (given at least 4 to 8 weeks apart).* ***** A history of chicken pox does NOT satisfy this requirement *****

	Result	Date	Required Documentation
Varicella Titer (IgG Blood Test)	Pos ☐ Neg ☐	___/___/___	Lab Report Copy
OR Two Varicella immunizations	#1___/___/___	#2___/___/___	Vaccine Documentation Copy

F. Adacel™ or BOOSTRIX® Vaccine Booster: Tdap on or after June 2005, if more than 10 years ago, an updated Tdap or Td is required.

	Date	Circle one	Date	Required Documentation
Tdap (Adacel™ or BOOSTRIX®) vaccine	___/___/___	If > 10 years Tdap or Td	____/____/____	Vaccine Documentation Copy

G. HEPATITIS B Vaccination Series: *Documentation of a complete Hepatitis B vaccination series of 3 injections.*

	Vaccination Dates			Required Documentation
Complete Hepatitis B vaccine series:	**#1**___/___/___	**#2** ___/___/___	**#3** ___/___/___	Vaccine Documentation Copy

H. HEPATITIS B "POSITIVE" QUANTITATIVE SURFACE ANTIBODY TITER (Blood Test) *that verifies IMMUNITY to the Hepatitis B Virus. The results should be reported as "POSITIVE" or as a number. "REACTIVE" results will NOT be accepted unless the lab report states that reactive means immunity to Hepatitis B.*

	Result	Date	Required Documentation
Hepatitis B Surface Antibody Titer (IgG) **(Quantitative)**	Pos ☐ Neg ☐	___/___/___	Lab Report Copy

I. INFLUENZA: *Documentation of Influenza vaccination* ***is required for visiting rotations scheduled from September through March****.*

	Date	Required Documentation
Influenza vaccine (**Required if rotation scheduled September through March.)	___/___/___	Vaccine Documentation Copy

Note: ***Several affiliated hospitals require drug and alcohol screening with and without advanced notice.***

Please return completed form and supportive documents to:

Medical Health Administration, Morsani Room 6108
Phone: 813-974-3163
FAX: 813-974-3415
Email : mha@ usf.edu (PREFERRED)

TUBERCULOSIS SCREENING QUESTIONNAIRE

Employee/Student Health and Wellness
Department of Clinical Affairs
USF Health Morsani College of Medicine
Phone: 813-974-3163 Fax: 813-974-3415

DATE: _____

Last Name: __ __ __ __ __ __ __ __ __ __ **First Name**: __ __ __ __ __ __ __ __ __ __ __ __ Date of Birth____/____/____
Please Print Please Print

Email Address: _____ **Phone:** _____

☐**USF Health STUDENT: College:**_____**Graduation Year:**_____

☐**EMPLOYEE Department**: _____

Have you ever received BCG Vaccine? ☐No ☐ Yes → If YES, date of BCG: _____

Have you ever had a Positive Tb Skin Test ☐No ☐ Yes If YES, when_____

Did you take any medication associated with the positive TB skin test? ☐No ☐Yes → Dates: _____

What medication(s) did you take? _____ Did you complete the course of Medication ☐No ☐ Yes

Please check (√) your response for any of the following **Unexplained Symptoms/Questions**

Unexplained fatigue	☐ Yes ☐ No	Night sweats (drenching)	☐ Yes ☐ No
Unexplained weight loss	☐ Yes ☐ No	Unexplained Persistent cough (>2 weeks)	☐ Yes ☐ No
Loss of appetite	☐ Yes ☐ No	Spitting/coughing up blood	☐ Yes ☐ No
Fever (usually at night)	☐ Yes ☐ No	Pain in chest	☐ Yes ☐ No

Have you had temporary or permanent residence (for ≥ 1 month) in a country with a high TB rate (i.e., any country **other than** Australia, Canada, New Zealand, the United States and those in western or northern Europe)?	☐ Yes ☐ No
Current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medication?	☐ Yes ☐ No
Have you had close contact with someone who has had infectious TB disease since the last TB test?	☐ Yes ☐ No

Background Check Process

Start Here

To begin the background check process, you must create an account at
http://mycb.castlebranch.com/
in the "Place Order" field, enter the following package code specific to your organization:

UI63VR

Note - The email address you use when placing your order will become your username for your myCB and will be the primary form of communication for alerts and messages.

Completing the Process

1 Level 1 Check

The Level 1 background check is conducted based on the demographic information provided in CastleBranch.

When you create your CastleBranch account, you will also enter demographic information (SSN, birthdate, etc.) is also entered.

The Level 1 background check includes:
- 7-year unlimited U.S. county criminal search (current, maiden, and alias names)
- Nationwide healthcare fraud and abuse scan
- Nationwide record indicator with sex offender index
- Social security alert
- Residency history

A background check report will be available to you and can be retrieved from the CastleBranch portal.

2 Drug Screening

CastleBranch will register you to take your drug screening with a lab (e.g., LabCorp) in your area. CastleBranch will communicate your registration information to you either through your CastleBranch account or via the email address you provided them.

Print the registration information provided.

Go to a collection site with your registration information. No appointment is necessary (unless you prefer to make one directly with the collection site).

The collection site will ship your specimen to the lab.

If the test is non-negative it will be sent to a Medical Review Officer (MRO) to review. The MRO will contact you if they need information that would impact the results of your test.

A drug screening report will be available to you and can be retrieved from the CastleBranch portal.

Questions? Concerns? The CastleBranch Service Desk is available for assistance at: 888-914-7279 or Servicedesk.cu@castlebranch.com