

TTUHSC OFFICE OF GRADUATE MEDICAL EDUCATION
APPLICATION FOR RESIDENT OR CLINICAL FELLOW ROTATION

ORIGINAL APPLICATION, WITH ORIGINAL SIGNATURES, MUST BE ON FILE IN GME OFFICE NO LESS THAN 5 WEEKS PRIOR TO ROTATION START DATE. THE FORM MUST BE FILLED OUT COMPLETELY AND ALL SUPPORTING DOCUMENTS ATTACHED. PLEASE TYPE OR PRINT CLEARLY.

To be completed by resident applying for elective:

Department in which you will be on rotation: _____

Inclusive dates for the rotation: Start: _____ End: _____

Name: _____
Last First Middle

Home Mailing Address:

Street City State Zip Code

Date of Birth: _____ Place _____ Citizenship: _____
mm/dd/yyyy

Medical School: _____ Graduation Date: _____
mm/dd/yyyy

Social Security Number: _____ ECFMG #: _____ (attach copy)

I certify that the above information is accurate. I am aware that, unless already licensed to practice medicine in the State of Texas, I must make application to the Texas State Board of Medical Examiners for a Physician-in-Training Permit. A permit takes approximately eight weeks to complete. I understand that if I do not succeed in securing a Texas Physician-in-Training Permit by the above stated rotation starting date, I will not be allowed to do the rotation. I understand that I must arrange for malpractice insurance at my own cost during my elective rotation, if my current coverage does not remain in effect while on rotation at TTUHSC.

Signature _____

Date _____

To be completed by Program Director of the Residency Program in which the resident is currently enrolled:

Program Name: _____ Specialty: _____ Current PGY _____

Address City State Zip Code

Program Director Approval: _____
Print Name Signature

The above named resident: (Circle Appropriate Response)
Is in good standing in our program Yes No
Is approved to rotate at TTUHSC Yes No
Is covered by our program's malpractice insurance Yes No
(Provide Proof of insurance)
Has a Texas Physician-in-Training Permit/License Yes No
(Provide a copy)

If from outside of Texas, resident must apply for a [Texas Rotator Permit](#) from the Texas Medical Board.

To be completed by the Program Director of the Residency Program sponsored by TTUHSC:

The resident described on this application is approved to complete a resident rotation through our program.

Residency Program: _____

Name of Service/Rotation: _____

Hospital Where Rotation Occurs: _____

Program Director Approval: _____

GME Approval for Resident on Rotation: _____
Signature Date

Before GME can give final approval to your rotation request, the following must be received:

TTUHSC Rotators:

- This form signed by your Program Director.
- Copy of Texas Medical License or Postgraduate
- Permit, if visiting from a Texas Program. If outside of Texas, you must apply for a Rotator Physician in Training permit (Rotator PIT) directly from the [Texas Medical Board](#).
- Copy of proof of currently valid malpractice coverage

Non-TTUHSC Rotators

- Current CV
- Notarized Medical School Diploma
- Official/ Notarized Final Medical School Transcripts
- Program Letter of Agreement from Current Program
- ECFMG Certificate (if applicable)

RETURN TO:

**J.Edward Bates, M.Ed., DIO
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3601 4th Street, MS 6211
Lubbock, TX 79430
Phone: (806) 743-2978**