

# RESIDENT/FELLOW ROTATION APPLICATION

Current training type:                RESIDENT                FELLOW

## DEMOGRAPHIC INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Credential(s): \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EMPLOYER INFORMATION

Employer: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## MEDICAL SCHOOL INFORMATION

Medical School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

## RESIDENCY TRAINING INFORMATION

Initial Residency Program/Specialty: \_\_\_\_\_

Initial Residency Training Site: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date (or anticipated): \_\_\_\_\_

### RESIDENTS

*For the following questions, please consult your Medical Education staff to ensure accuracy:*

Current Residency Program (if different from initial program): \_\_\_\_\_

Post Graduate Year: \_\_\_\_\_ Training Year in Current Program: \_\_\_\_\_

Please provide any off-cycle information (if applicable):

### FELLOWS

*For the following questions, please consult your Medical Education staff to ensure accuracy:*

Residency Program you graduated from (if different from Initial Program): \_\_\_\_\_

Current Fellowship Program: \_\_\_\_\_

Post Graduate Year: \_\_\_\_\_ Training Year in Current Program: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Please provide any off-cycle information (if applicable):

## ROTATION REQUEST(S)

Single Rotation Application:

Academic Year Rotation Application:

Rotation Name: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Rotation Name: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Comments:

## STATE LICENSURE OR TRAINING CERTIFICATE

Do you have a valid State of Ohio training certificate or medical license? YES NO

## ADDITIONAL INFORMATION

For the following questions, please consult your program coordinator to ensure accuracy:

Will you be attending didactic sessions at your home program? YES NO

What are the date(s) & time(s) of your didactic session(s)

Will you be participating in any clinical activities at your home program? YES NO

What dates/times are your clinical activities?

Will you be taking call at your home institution? YES NO

What dates are you taking call?

Are you taking any vacation time during your rotation? YES NO

Please add your dates of vacation below:

## DISCLOSURE

Are you aware of limitations which would prevent you from performing the duties of the rotation?

YES NO

Have you ever been convicted of a felony?

YES NO

Submit Applications to:

Office of Medical Education

[medicaleducation@summahealth.org](mailto:medicaleducation@summahealth.org)

330-375-3107



## DOCUMENT CHECKLIST

Once your application has been approved, you will receive instructions to log into New Innovations and complete our onboarding process electronically. Please be prepared to submit the documents listed below in PDF format as part of this process. Photographs of documents will not be accepted.

Note that our onboarding process will require you to take additional steps outside of submitting documents. Those steps will be outlined in the checklist assigned to you in New Innovations.

### **Medical School Diploma**

- Must be in English

### **Current Curriculum Vitae**

### **Valid Ohio Training Certificate or Medical License**

- If you do not have an Ohio training license, you will need to apply for one. Refer to directions in New Innovations.

### **Immunization Record and/or Titers, to include:**

- Tuberculosis screening (read between 1/1/2025 and 6/30/2026)
- MMR (2 doses or positive titer)
- Varicella (2 doses, history of illness, or positive titer)
- COVID-19 (2 doses Moderna/Pfizer or 1 dose J&J)
- Influenza (if rotating between November 1 and May 31)

### **ECFMG Certificate (if applicable)**

### **Background Check Verification**

- A letter from your medical education department verifying completion of a background check.

### **Proof of Malpractice Coverage**

- \$3,000,000 aggregate / \$1,000,000 per instance
- Tail included

