

Forms for UCSF Elective/Short-Term New Appointments

For more information regarding the appointment process, please contact Amy Day, Senior Analyst for Appointments and Licensure, Office of Graduate Medical Education, at daya@medsch.ucsf.edu, 514-0146 or 476-4562.

CHECKLIST AND COVER SHEET The Checklist and Cover Sheet for new elective/short-term appointments must be completed and on the top of all appointment packets submitted to the GME Office.

APPLICATION FOR ELECTIVE The Application for Elective must be complete and signed by both the UCSF Program Director and the trainee's home Program Director. Be sure to include the program code (which consists of four to five letters) and the percent time that the rotator will be spending in various locations/rotations/departments.

DATA GATHERING DOCUMENT The Data Gathering Document is a two page form that asks for basic information about the trainee as well as rotation and program information. This form must be complete and signed by the Program Director of the program here at UCSF (not the trainee's home institution). This form is important since the GME Office will be entering the information in RFS, not the Department.

PROOF OF MEDICAL MALPRACTICE COVERAGE All short-term, elective rotators must provide proof of medical malpractice coverage of a minimum of \$1,000,000 per occurrence. This proof may be in the form of a certificate or letter from an authorized individual at the trainee's home institution stating details of the coverage as well as the provider of the coverage. The home institution must provide the medical malpractice coverage as well as pay the rotator's salary and benefits while the trainee is at UCSF.

CALIFORNIA MEDICAL LICENSE OR POST-GRADUATE TRAINING

REGISTRATION FORM California law mandates that all physicians practicing or training in the state, including residents and fellows, be licensed after two years of ACGME training for US and Canadian medical graduates or three years of ACGME training for foreign medical graduates. If a physician from an institution in the state of California is unlicensed, he/she must complete a Post-Graduate Training Registration Form, that must be sent to the Board by the UCSF Program Coordinator, alerting the Board that he/she is training at UCSF without a license. California licensure is not required for physicians training in another state that would like to come do a short-term, elective rotation, even if the person qualifies for California licensure. A physician from another state may train at an institution in the state of California for up to 90 days without a license. Therefore, either a copy of the trainee's CA medical license or Post-Graduate Training Registration Form must be submitted with the appointment packet. A print-out of the trainee's license from the Medical Board's website will be accepted (<http://www.medbd.ca.gov>).

HEALTH STATEMENT AND PROOF OF VACCINATIONS All residents and fellows rotating at UCSF must provide proof of measles, mumps, rubella, and varicella vaccinations and/or titers, as well as proof of hepatitis B vaccination or titer or signed vaccination declination form. This proof may be provided on forms from the trainee's home institution or health

statement form provided by UCSF. However, the trainee must still complete the sign and symptom review in the UCSF health statement.

TWO RECENT PPDs OR INTERPRETATION OF CHEST X-RAY If the trainee is PPD negative, proof of two recent PPDs must be submitted; one performed within a year of start date and one performed within three months of start date. If the trainee is PPD positive, he/she must submit a copy of the interpretation of his/her last chest x-ray. All trainees must complete a sign and symptom review.

CALIFORNIA ABUSE REPORTING FORM This form must be signed and dated by the new resident or fellow.

COMPUTER SECURITY FORM This form must be signed and dated by the new resident or fellow and signed by an authorized individual from the UCSF Department. This person may be the Program Director or Program Coordinator.

CV All new rotators must submit a copy of his/her CV or a copy the CV portion of his/her ERAS application.

ATTESTATION The attestation form asks residents and fellows questions regarding previous medical malpractice issues, felonies, substance abuse, etc. If the trainee answers yes to any questions, he/she must provide a detailed explanation. This form must be signed by the UCSF Program Director (not the home Program Director) after completion. Explanations of yes answers may be reviewed by legal counsel and could affect whether or not the resident or fellow may rotate here.

HIPAA ACKNOWLEDGMENT This form is signed by trainees to attest that they understand the HIPAA regulations.

SFGH POST EMPLOYEE SELF ID Residents and fellows who will be rotating at San Francisco General Hospital must complete this form.

VA APPLICATION Residents and fellows who will be rotating at the San Francisco VA must complete this application.

ECFMG CERTIFICATE (foreign medical graduates only) All foreign medical graduates, except those that graduated from a Canadian medical school, must submit a copy of a valid and current ECGMG certificate.