



# Ascension Macomb-Oakland Hospital

## GRADUATE MEDICAL EDUCATION IN-ROTATOR REQUEST FORM

### INSTRUCTIONS:

Please complete **SECTION I** and **SECTION II** and return this form to the Ascension Macomb-Oakland Hospital Graduate Medical Education Department via email: [AMOHGME@ascension.org](mailto:AMOHGME@ascension.org). For questions, please call the GME Manager at 586-576-4158.

**\*\*\*ALL IN-ROTATOR REQUESTS MUST BE SUBMITTED 8 WEEKS PRIOR TO ROTATION START DATE\*\*\***

### SECTION I: APPLICANT INFORMATION

|                               |                               |  |
|-------------------------------|-------------------------------|--|
| APPLICANT NAME:               | DOB:                          | SOCIAL SECURITY #:                                       |
| _____                         | _____                         | _____  |
| EMAIL:                        | CURRENT PGY:                  | NPI #:   |
| _____                         | _____                         | _____  |
| Cell Phone:                   | Gender:                       | ECFMG Dates (if applicable):                             |
| _____                         | _____                         | _____  |
| HOME INSTITUTION:             | RESIDENCY/FELLOWSHIP PROGRAM: |  |
| _____                         | _____                         |  |
| PROGRAM START DATE: _____     | INITIAL PROGRAM?              | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF NO, INITIAL PROGRAM: _____ | DATES: FROM _____             | TO _____   |
| MEDICAL SCHOOL:               |                               | GRADUATION DATE:   |
| _____                         |                               | _____  |

### COORDINATOR INFORMATION (HOME INSTITUTION):

|                   |        |        |
|-------------------|--------|--------|
| COORDINATOR NAME: | EMAIL: | PHONE: |
| _____             | _____  | _____  |

NEW INNOVATIONS ROTATOR CHECKLIST WILL GO TO:     COORDINATOR     APPLICANT

### SECTION II: ASCENSION MACOMB-OAKLAND ROTATION INFORMATION

|                  |                              |
|------------------|------------------------------|
| ROTATION NAME:   | ROTATION DATES:              |
| _____            | _____ TO _____               |
| % AT AMOH: _____ | % AT HOME INSTITUTION: _____ |

\*\*\*\*\* AMOH GME OFFICE USE ONLY \*\*\*\*\*

### SECTION III: AMOH GME MANAGER APPROVAL

TENTATIVE APPROVAL (PENDING COMPLETE APPLICATION)     DENIED

GME MANAGER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

|                           |  |  |
|---------------------------|--|--|
| NI Username: _____        | Checklist Complete: <input type="checkbox"/> | PLA: <input type="checkbox"/>              |
| NI Password: _____        | Credentialed: <input type="checkbox"/>       | MI License: <input type="checkbox"/>       |
| Checklist Due Date: _____ | Dictation Number: _____                      | Completion Email: <input type="checkbox"/> |
|                           | IT Access: <input type="checkbox"/>          |  |