



## Visiting Resident/Fellow Application Process

Thank you for your interest in rotating at Inova Fairfax Medical Campus! All residents/fellows wishing to rotate at Inova Fairfax Medical Campus must apply directly to the department in which their training will take place. Applications must be complete and received at least **60 days** prior to the desired rotation start date. Incomplete applications will not be considered. (**\*Sections 1-3** must be complete and signed by all required parties to be considered complete)

**\* Please note, applications for rotations less than 4 weeks will not be accepted.**

Please fax or email all completed applications to the Inova Fairfax Medical Campus Graduate Medical Education Department at 703-776-3201 or [Deborah.Blackburn@inova.org](mailto:Deborah.Blackburn@inova.org).

### **Once your application has been approved:**

You will be required to complete credentialing documents prior to starting your rotation. You must submit all forms at least 30 days prior to your rotation start date to ensure you have system access on your first day. You can find a list of required forms on our GME website. All forms can be completed and submitted online. The link is listed below.

<https://www.inova.org/education/GME/resident-requirements>

**\*An active Virginia medical training license is required to rotate at any Inova facility and must be obtained prior to the start of your rotation.\***

Your home institution may be able to assist with some of the needed documents (ERAS, Resident contract, etc.). They can send them directly to the GME office at [gmecredentialing@inova.org](mailto:gmecredentialing@inova.org)

Once you have submitted your documents and you have been credentialed, you will then be assigned EPIC training. All residents visiting Inova Fairfax Medical Campus are required to complete online EPIC training prior to beginning their rotation.

If you have any questions regarding the application process or would like additional information, please contact Debbie Blackburn at 703-776-4497.

Thank you again for your interest and we look forward to working with you!

# Application for Elective Rotation at Inova Fairfax Medical Campus

## Section 1 - To be completed by Resident/Fellow:

\_\_\_\_\_  
Resident/Fellow Name

\_\_\_\_\_  
Home Institution and Department

Resident/Fellow Phone Number: \_\_\_\_\_

Resident/Fellow Email: \_\_\_\_\_

### Home Institution Information:

Program Director Name: \_\_\_\_\_

Program Director Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Residency/Fellowship Coordinator Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Requested Inova rotation and department: \_\_\_\_\_

Requested Inova rotation dates:

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

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

Name of Inova Physician Supervisor: \_\_\_\_\_

Inova Physician Supervisor Phone Number: \_\_\_\_\_

Inova Physician Supervisor E-mail: \_\_\_\_\_

Do you have an **ACTIVE** Virginia Training License:  Yes  No

Have you applied for a Virginia Training License:  Yes  No

**Resident Signature:** \_\_\_\_\_

Date: \_\_\_\_\_



**Section 3- To be completed by IFMC Program/Department:**

\_\_\_\_\_  
Resident/Fellow Name

\_\_\_\_\_  
Home Institution Name and Department

The Resident/Fellow (circle one) listed above would like to apply for an elective rotation in the IFMC Department of \_\_\_\_\_ . The requested rotation dates are as follows:

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

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

**IFMC Department Approvals/Signatures:**

Rotation approved:  Yes  No

**Liaison Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

IFMC Program Coordinator Name: \_\_\_\_\_

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**Section 4 - To be completed by IFMC Graduate Medical Education Office:**

Rotation Approved:  Yes  No

Reason for non-approval:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GME Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name (print or type): Madeline Erario, MD

**Rotation Request Checklist (To be completed by IFMC GME office):**

- Approved Application
- Signed PLA
- Goals and Objectives
- Rotation schedule (listing IFMC as rotation)