

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.

*** 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 Crystal.Hall@inova.org.

Once your application has been approved, your home institution will be required to provide documents to the GME office. 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>

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

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

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

Crystal Hall
GME Contracts Manager
703-776-4497
Crystal.Hall@inova.org

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 a **VALID** 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: _____

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): _____

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

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