



Visiting Resident/Fellow Application Process

Thank you for your interest in rotating at Inova Fairfax Medical Campus. Any residents/fellows requesting a rotation 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 90 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.
- All visiting rotators must provide proof of malpractice insurance at the current Virginia limits as stated in Virginia Code Section 8.01-581.15. If acceptable provision is not made to cover malpractice insurance for the duration of the requested rotation, the application will be denied.

Please fax or email your completed application to the Inova program/department in which the desired rotation will take place. The department/program will appropriately route the application for department signatures and then to the GME office for final review and approval.

Once your application has been approved

- An active Virginia medical training license (at minimum) is required to rotate at any Inova facility. If you do not currently have a Virginia license, please submit your application as soon as possible upon approval of your elective as it can take up to 4-6 weeks to process license applications.
- Our GME office will work with you and your program coordinator to complete the required credentialing documents. 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. <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 required documents and you have been credentialed, you will be assigned the appropriate EPIC training modules.

All requirements listed above **MUST** be completed prior to the start of the rotation.

If you have any questions regarding the application process or would like additional information, please feel free to contact me. Thank you again for your interest and we look forward to working with you!

Deborah Blackburn

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Inova Fairfax Medical Campus

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Application for Elective Rotation at Inova Fairfax Medical Campus

Section 1 - To be completed by Resident/Fellow:

Resident/Fellow name _____ Home Institution and Department _____

Preferred phone: _____

Preferred Email: _____

Home Institution Information:

Program Director name: _____

Email: _____

Residency/Fellowship Coordinator name: _____

Email: _____

Requested Inova rotation and department: _____

Requested dates: Start date: _____ to End date: _____

Name of Inova Physician Supervisor: _____

Email: _____

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

Upon approval of your elective, if you do not currently have a Virginia training license, please submit your application as soon as possible as it can take up to 4-6 weeks to process license applications.

Resident signature: _____

Date: _____

Section 2 – To be completed by Home Institution:

All visiting rotators must provide proof of malpractice insurance for the duration of the requested rotation. This coverage **MUST** be at the current Virginia limits as stated in Virginia Code Section 8.01-581.15.

How will the malpractice insurance be covered for this rotation?

- Provided under an active Master Affiliation Agreement (MedStar, GW, NCC, Children’s Hosp.)
- Home Institution** will cover malpractice insurance
Indicate the current malpractice insurance limits: _____
- Resident / Fellow** will independently purchase the required malpractice insurance for this rotation

The certificate of insurance must be received 30 days prior to rotation start date.

Note, if acceptable provision is not made to cover malpractice insurance at the current Virginia limits for this desired rotation, the application will be denied.

Dr. _____ is a _____ year resident/fellow in good standing in this program.
By my signature, I approve the request for this trainee to participate in the visiting elective rotation with Inova Health System as requested in this application.

Program Director name (please print) : _____

Program Director signature

Date

A Program Letter of Agreement (PLA) must be in place for this rotation. To facilitate the preparation of this document, please provide the name and contact information for the GME Director as well as the name and address of the home institution.

Name of GME Office contact _____

Contact E-mail _____

Institution name _____

Address _____

Section 3- To be completed by Inova Program/Department:

Resident/Fellow name Home Institution and Department

Requested Inova rotation and department: _____

Requested dates: Start date: _____ to End date: _____

IFMC Department Approvals/Signatures:

Rotation approved: Yes No

Liaison Director signature: _____ Date: _____

Name (print or type): _____

Inova Program Coordinator name: _____

Section 4 - To be completed by Inova GME Office:

Rotation Approved: Yes No

If NOT approved, please state reason:

GME Director/DIO signature: _____

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

- Approved application
- Certificate of Insurance
- Signed PLA
- Goals and Objectives
- Rotation schedule (listing IFMC as rotation)