

Rotator Paperwork Checklist

Name of Rotator: _____

Department: _____

Dates of rotation: _____

(Instructions: Please check all that apply. If you do not have any of the documents below, please get them before the rotator arrives.)

Letter from home Program Director to UCLA Program Director

(The letter must state the following: resident is in good standing, the beg/end dates of the rotation, the purpose of the rotation, statement from home PD attesting that they have completed a criminal background check, and that the home institution will pay salary, benefits and liability insurance.)

A copy of their CA medical license (If coming from another California institution, and PGY 3 and above. If FMG, then they don't need their license until PGY 4.)

Not Applicable (below PGY 3 (or 4 if FMG), or from another state here for less than 90 days.)

UCLA HIPAA certificate

UCLA Confidentiality Statement (signed)

UCLA Compliance Quiz certificate

Computer Access Form (if applicable)

I, the Program Coordinator, acknowledge that I have received and am keeping the following documents required by the Graduate Medical Education for the rotator named above.

Name (printed)

Signature