

**IU SCHOOL OF MEDICINE
VISITING OR TEMPORARY HOUSE STAFF ASSIGNMENT**

This form is used to report assignments of non-IUSM house staff to residency/fellowship programs at IUSM. The purpose of the form is to document that the visiting resident/fellow is qualified to treat patients at IUSM affiliated hospitals. All requested documents must accompany this form. The individual must be added to the bottom of the Payroll Data Form(s) for applicable month(s).
The Office of Graduate Medical Education will assign a five-digit number to the resident/fellow and will report that number to the program. The resident must use that number for dictation purposes and to access medical records.

Date _____ Resident/Fellow Email address: _____

Resident/Fellow Name _____ IN Medical License # _____

Attach Copy

Social Security # (Required by federal law for Medicare Cost reporting purposes) _____

Date of Birth _____ Phone No. _____ NPI# _____

Current Address _____

Medical School _____ Graduation Date _____

Attach diploma copy

IMG (Y/N) _____ If Yes, ECFMG # _____ Issue Date _____

Attach Copy

TO BE COMPLETED BY HOME PROGRAM

Home Institution _____

Program _____ Post Grad Year _____

Please state name of approved elective _____

Stipend Paid By _____

Malpractice Insurance Provided By _____

Attach copy of proof of malpractice

Home Program Director _____ Signature _____
Print Name

PRIOR RESIDENCIES Attach CV

Program	Institution	City	State	Start Date (M/D/Y)	End Date

TEMPORARY ASSIGNMENT

IUSM Program _____ Start Date _____ to _____

Rotation Location (Hospital/Institution) _____

IUSM Program Director's Signature _____

IUSM Supervising and Evaluating Physician Name _____

Prepared By – Name _____ Phone Number _____

Please send to the Office of Graduate Medical Education, FH 224, Fax 317-278-3909

Date Received _____ Physician ID Number _____

10/9/2008

REQUIREMENTS FOR VISITING RESIDENT / TEMPORARY HOUSE STAFF ASSIGNMENT

1. Current appointment to a residency or fellowship position at a teaching institution.
2. Approval of the IU School of Medicine program director for the program in which the temporary assignment is desired.
3. Written approval from home institution.
4. Home institution must agree to continue stipend, benefits and malpractice insurance during the temporary assignment.
5. Valid Indiana medical license or temporary medical permit.
6. Certified copy of medical school diploma.
7. If international medical school graduate, valid ECFMG certificate.
8. Completion of IU School of Medicine Temporary House Staff Assignment form.