

General Information Form for Resident Rotations



General Information:

Resident:	
Rotation Site:	
<input type="checkbox"/> PGY-1 <input type="checkbox"/> PGY-2 <input type="checkbox"/> PGY-3	
Rotation:	
Rotation Dates:	
Main Preceptor:	

Residency Program Information and Contacts:

Residency Program:	Residency Name, Address, Phone, and Website
Program Director:	Program Director Name, Phone, and Email
Education Staff Contacts:	Staff Name, Phone, and Email

Resident Information:

- The resident is currently a resident in good standing at the Residency Program listed above.
- The resident has no known medical problems which would adversely affect their rotation nor has known problems with substance abuse.

Picture:	Insert resident photo here.
Work Address:	
Phone:	
Email:	
Pager Number:	
Social Security #:	Call if needed.
Date of Birth:	
License #:	
DEA #:	
Medical School:	
Medical School Grad Date:	
HIPAA*	<input type="checkbox"/> Documentation upon request.

*Indicate how resident receives the training and if documentation is available upon request.

Background Check*	<input type="checkbox"/> Resident has been appropriately screened and does not have background which would bar them from the Rotation Site in accordance with the provisions of Chapter 124 "Caregiver Background Checks" of the Wisconsin Administrative Code. <input type="checkbox"/> They have not been convicted of a crime. <input type="checkbox"/> Documentation upon request.
Malpractice Insurance:	Covered by the State of Wisconsin Self-Funded Liability Program – Wisconsin Statutes 893.82 and 895.46
OSHA Blood-Borne Pathogen Training*	<input type="checkbox"/> Documentation upon request.

*Indicate how resident receives the training and if documentation is available upon request.

Also include with this sheet:

- Copy of a government issued photo ID
- Proof of immunizations, including flu shot

Other Requirements:	

Name and title of person completing this form:	
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