

**The George Washington University Medical Center
Office of Graduate Medical Education**

Visiting (Non-GW) Resident Information Form

Instructions: Please complete this form, attach ALL required paperwork and submit to Office of Graduate Medical Education, 2300 Eye Street, NW, Ross Hall - Suite 707, Washington DC 20037 no later than one week in advance of your start date.

Start and end date of Rotation: _____ **GW Program:** _____

I. Biographical Information	
Name	Social Security Number
Address	Phone Number
Pager	Email

II. Educational Information	
Medical School (name and location)	Date of Graduation from Medical School
Current Residency (Program, Location and current PGY level)	Dates (from/to)
Other Residencies (if applicable)/ Program and location	Dates (to/from)

ECFMG Information (if applicable)	
ECFMG #:	Valid Indefinitely YES <input type="checkbox"/> NO <input type="checkbox"/>
	If not, expiration date:

<p>Required Paperwork:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of CV – must be current CV <input type="checkbox"/> Proof of HIPPA and OSHA Compliance <input type="checkbox"/> Copy of ECFMG Certificate (if applicable) <input type="checkbox"/> Liability Insurance Certificate from Risk Management Office <input type="checkbox"/> Approval Letter from Program Director at home institution <input type="checkbox"/> Approval Letter from GW Program Director For This Rotation
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