



Visiting Resident Rotation Request Form

UNC Hospitals Office of Graduate Medical Education

This form must be signed by both Program Directors for the GME Office to initiate the Visiting Resident credentialing process. Once the signed form has been submitted and processed, the GME Office will send a link via MedHub where the Visiting Resident will complete and submit the remaining Visiting Resident Application Requirements.

Visiting Resident Information

Legal Name: _____

Rotation Information

Rotation (Program at UNC Hospitals): _____

Rotation Start Date: _____

Rotation End Date: _____

Sponsoring (home) institution approval and insurance provider

I approve the above rotation. Furthermore, I verify that this resident will continue to be paid during their rotation and that malpractice insurance will be provided by _____ and will cover their activities as a visiting resident.

Signature of Program Director _____

Printed Name of Program Director _____

UNC Hospitals Program Approval

I approve the above rotation.

Signature of Program Director _____

Printed Name of Program Director _____