

**VISITING HOUSESTAFF for Elective Rotations
in a Hartford Hospital Training Program
from a Non-UConn Residency or Fellowship training program**

INFORMATION and PROCEDURES

REQUIREMENTS - Hartford Hospital only accepts house staff:

1. **From U.S. Residency/Fellowship Programs.**
2. **Who are US Citizens, permanent residents or hold a J-1 visa.**
3. **From institutions who have a current Affiliation Agreement with Hartford Hospital. Please verify with the GME office prior to confirming the elective or proceeding with any paperwork.**
4. Within the **30-DAY RULE**:
All documents must be completed and submitted to the Medical Education Office a minimum of 30 days prior to the start of the elective rotation. There will be no exceptions.

If all of the above requirements are met, a ***Visiting Resident Letter of Understanding*** must be submitted from the resident/fellow's institution as well as all supporting documents described in that letter. The letter and documentation must be completed by all parties prior to being submitted for approval/signature by the Hartford Hospital DIO/Chief Academic Officer.

The completed forms must be first submitted to the Graduate Medical Education Office who will obtain the final signature and return copies of the signed LOU to all parties (i.e., the applicant, the applicant's program director, and other signatories on the form).

Incomplete paperwork submitted to the Medical Education Office will not be accepted and will be returned to the H.H. Program Coordinator(s) which could delay the start of the elective rotation.

PROCEDURE CHECKLIST for Visiting House Staff

Submitted by Sponsoring Institution to the HH Program Coordinator/Department Liaison

1. **Letter of Understanding**
 - a. Required signatures:
 - Trainee's Program Director
 - DIO
 - Hartford Hospital Liaison/Program Director
2. **Required Attachments:**
 - a. Description of rotation with goals, objectives, and evaluation modalities
 - b. Vaccination records (compliance statement acceptable)
 - c. Proof of drug screen test
 - d. Proof of flu shot (for rotations occurring between October 1st - March 31st)
 - e. Photo of Trainee with attestation from sponsoring institution
 - f. List of procedures specific to the elective rotation that resident is credentialed to perform at the sponsoring institution
 - g. Copy of ECFMG certificate (if applicable)
 - h. Copy of DS2019 - J1 visa form (if applicable)

Submitted by HH Program Coordinator/Department Liaison to the Medical Education Dept

1. Letter of Understanding signed by Program Director
2. ALL Required attachments
3. House Staff Assignment Authorization

Responsibilities of the Medical Education Office:

1. Obtain approval/signature from DIO/Chief Academic Officer
2. Return signed copies to all parties
3. Contact the visiting house staff via email, providing instructions to complete the Hartford Hospital Check-In Packet which includes rotating/onboarding instructions
4. Assign institutional DEA # (if applicable) and provide this information to the Program Coordinator/Liaison
5. Request permits for any out-of-state trainee with State of CT - DPH

Responsibilities of the Program Coordinator/Liaison:

1. Request computer sign-on and EPIC access
2. Register visiting house staff for EPIC training classes(s)
3. Remind any visiting **out-of-state** house staff to enroll in CMAP (CT Medical Assistance Program) and CPMRS (Connecticut Prescription Monitoring and Reporting System) **if** the individual will be writing prescriptions during the rotation.