

Southern Ohio Medical Center

Very Good things are happening here

Please print legibly and complete all sections. Send to:

Department of Medical Education
1735 27th Street
Waller Building, B-04
Portsmouth, OH 45662
Fax: 740-356-7893

Resident

PERSONAL INFORMATION

First Name:	Name of Undergraduate School:	
Last Name:	Date of Graduation:	
Address:	Name of Medical School:	
	Date of Graduation:	
	Internship Institution:	
Telephone #:	Type / Date of Graduation:	
E-mail Address:	Residency Institution:	
Date of Birth:	Type / Date of Graduation:	
Social Security #:	DEA #:	
State Medical License:	Expires:	Current PGY:
Have you ever been employed at SOMC? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ROTATION REQUEST (one per form)

Rotation:	
Start Date:	
End Date:	

PREVIOUS ROTATION INFORMATION

Most recent rotation:	Location:	
Start Date:	End Date:	

HOUSING FURNISHED BY SOUTHERN OHIO MEDICAL CENTER

<input type="checkbox"/> Not necessary	<input type="checkbox"/> Requested but not required	<input type="checkbox"/> Required for rotation
Resident signature:		Date:

TO BE COMPLETED BY SCHOOL/COLLEGE OFFICIAL

The resident above is in good standing and is approved to take this rotation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Malpractice coverage in the amount of \$1,000,000 per occurrence and \$3,000,000 annual aggregate will be provided by the college.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The resident's immunization status is current as recommended by the Center for Disease Control.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The resident has received annual training in OSHA standards and HIPAA regulations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School Official Printed Name:		
Title:		
Signature:		Date:

Affix School Seal

Please submit the following documentation with application:

Immunization record, Updated TB and Flu / Copy of current ACLS Card, 10panel Drug Screen, Background Check

BELOW – SOUTHERN OHIO MEDICAL CENTER USE ONLY

Preceptor:	
Housing:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Signature SOMC Official:	