

DOCUMENT COMPLETION FORM

The resident/fellow may begin his/her clinical rotation under supervision of Tufts Medical Center attending physicians only after the Graduate Medical Education Office receives all documents pertaining to the rotation.

Please send these documents/forms to: Tufts Medical Center
Department of _____
Attn: Program Residency/Fellowship Coordinator
800 Washington St., Box _____
Boston, MA 02111

Rotator: Please sign below acknowledging receipt of these documents/forms and agreeing to abide by the provision contained in them (Packet 2).

- Confidentiality Policy
- Ethics Consultation Service
- Guidelines for Medication Order Writing
- HIPAA
- Patient Rights and Responsibilities
- Sexual Harassment
- Security Orientation
- Fire Safety

Signature of the Rotator

Date

Print Name

TuftsMC Program Coordinator: Once you receive items #1-10, please attach the letter from your TuftsMC Program Director (#11) and send all items (together) to the Graduate Medical Education Office, Box 836.

1. Letter from rotator's Program Director
2. Verification of CORI check
3. Rotation Schedule
4. TuftsMC Rotation/Elective Application
5. Valid Massachusetts License
6. Proof of Malpractice valid for period of rotation
7. Copy of ECFMG Certificate (if applicable)
8. Health Clearance Form
9. HIPPA Self Study Guide Form
10. Document Completion Form
11. Letter from TuftsMC Program Director accepting resident to rotate

Program Coordinator Signature

Date

**The GME Office will enter all rotators into New Innovations.