The principal teaching hospital for Tufts University School of Medicine

Tufts Medical Center

800 Washington Street, #836
Boston, Massachusetts 02111
T 617 636-5000
F 617 636-8215
tuftsmedicalcenter.org

Tufts Medical Center undertakes to comply fully with all applicable federal, state, and local laws relative to equal opportunity and affirmative action. This hospital is an equal opportunity affirmative action employer and does not discriminate because of race, creed, color, sex, marital status, national origin, age, handicap or veterans status.

ROTATOR APPLICATION

Please print or type. All areas must be completed. ***Revised 10/21/09***

State department, rotation, and dates for which you are applying:

DEPT: Rotation: From: To:

Name (last) (first) (middle)	Date of Birth	Social Security No.	Telephone No.
______________________	___/___/___ MM/DD/YYYY	___-___-___ XXX XX XXXX	___-___-___ XXX XX X XXXX

Home Address:

Email:	NPI No.	Current Program

Are you a U.S. Citizen? ☐ Yes ☐ No
If No, what type of VISA do you have? ☐ Immigrant ☐ J-1 (Exchange Visitor) ☐ Other (specify)

MASSACHUSETTS MEDICAL LICENSE

MA Permanent License No.	Date of Expiration	DEA No. (if Full License)	MA. Limited Registration No.	Date of Expiration
____________	___/___/___ MM/DD/YYYY	State:__________ Fed:__________	____________	___/___/___ MM/DD/YYYY

EDUCATION

Medical, Dental or Graduate School:	Start Date	End Date
______________________ Was this a U.S. School? YES/NO	___/___/___ MM/DD/YYYY	___/___/___ MM/DD/YYYY

INTERNSHIPS

Hospital	Program	Dates
Hosp Name: Location:		/ / to / /

RESIDENCIES (Attach additional sheet if necessary)

Hospital	Program	Dates
Hosp Name: Location:		/ / to / /

OTHER POSTGRADUATE TRAINING AND REMARKS (Fellowships, if any)

Hospital	Program	Dates
Hosp Name: Location:		/ / to / /

SIGNATURE OF APPLICANT ______________________ **DATE:** ___/___/___ MM/DD/YYYY

FOR FOREIGN MEDICAL GRADUATES ONLY

Have you passed the USMLE Step 1 and Step 2? ☐Yes ☐ No
Have you also passed USMLE Step 3? ☐ Yes ☐ No
Do you have a valid ECFMG Certificate? ☐ Yes ☐ No *If YES, valid through: __________
*Please include a copy of your valid ECFMG certificate with your application.