

## VISITING RESIDENTS

### I. Purpose:

To outline the requirements that must be met in order for the University Of Nevada, Las Vegas School Of Medicine to accept visiting residents from other training institutions.

### II. Policy:

1. Acceptance of visiting residents is optional.
2. No training program is required to accept visiting residents.
3. Resident salary is provided by the visiting resident's home institution.
4. Liability insurance for visiting residents will also be provided by the visiting resident's home institution.
5. At no time will the University of Nevada, Las Vegas School of Medicine provide either salary support or liability insurance to visiting residents.

### III. Procedure:

1. A Visiting Resident Affiliation Agreement must be executed prior to the visiting resident starting his/her rotation at the University of Nevada, Las Vegas School of Medicine (UNLV-SOM). Visiting resident Training Agreements may be between the two institutions and need not be department specific, therefore one executed agreement will cover all departments. Departments should coordinate the design of a Visiting Resident Affiliation Agreement with the GME office when an agreement is needed. In addition, there is a visiting resident packet that must be completed before the agreement is initiated.
2. The visiting resident must currently be a trainee in another ACGME or AOA (after 2020 all ACGME) accredited program in the United States and the home program director must sign the Visiting Resident Approval Form or provide a letter attached to the form. The UNLV-SOM program director is required to sign the form indicating that the elective rotation will fall within the program requirements and an evaluation of performance will be provided upon completion of the rotation.
3. Visiting residents must apply for and receive a Nevada State Board of Medical Examiners or Osteopathic Board training license. Information can be found at [www.medboard.nv.gov](http://www.medboard.nv.gov) or [www.osteo.state.nv.us/](http://www.osteo.state.nv.us/).
4. Liability insurance will be provided by the visiting resident's home institution. A letter from the home institution confirming coverage must be provided to the GME office. A statement regarding liability coverage must be included in the affiliation agreement. The "Liability Coverage" section of the visiting resident approval form must also be completed.
5. Visiting residents who have completed approval requirements and have a training affiliation agreement are eligible for the following university privileges: library privileges, pager, computer account and medical dictation account.
6. A copy of the visiting resident packet is attached to this policy.

**(VISITING RESIDENT KEEPS THIS PAGE FOR PERSONAL RECORD)**

Dear Visiting Resident:

Thank you for your interest in a visiting rotation at University of Nevada Las Vegas School of Medicine. Before your rotation can begin there are a number of paperwork requirements which must be completed. In addition there must be a fully executed training agreement between the two institutions.

As a visiting resident, during your rotation you will be authorized to have a University pager, library privileges, parking privileges, a dictation account, and computer access. In order to qualify for these privileges, you must complete and return the attached forms. Please see the following instructions:

1. **VISITING RESIDENT APPROVAL FORM** (return completed to GME Office) We need all the information on this form, including your social security number, date of birth, home training program, institution name, hire date, medical school graduation, etc. We need the exact dates of your visiting rotation. This form must also be signed by both your home Program Director, the UNLV-SOM Program Director and the Associate Dean for GME.
2. **CREDENTIALING ATTESTATION/CRIMINAL BACKGROUND CHECK** (return to GME Office) Visiting residents must meet UNLV-SOM credentialing standards. By signing the Visiting Resident Approval Form, you & your Program Director confirm that you have met the requirements listed in the form. If you have not had a criminal background check performed by your training institution, one will need to be done. If applicable, please read the attached Criminal Background Check Policy, complete the authorization form, and return the form with the rest of the packet. Be aware that, if your program cannot attest to the required credentialing items, your Visiting Resident Approval Form will not be signed by the Associate Dean for GME and you will not be allowed to do a visiting rotation.
3. **ID Badges**  
Will be obtained at the location of the rotation.
4. **UNIVERSITY PRIVILEGES FOR VISITING RESIDENTS**  
Keep this form with you. Have the UNLV-SOM Program Director sign this form upon your arrival. This letter, carried with you, will allow you to obtain a parking pass and utilize the library.
5. **HIPAA CERTIFICATION**  
UNLV-SOM requires all residents to be HIPAA certified (this includes Visiting Residents). Please provide us with a copy of your HIPAA certificate from your home residency. The copy should be included with the rest of the paperwork. If you do not have your HIPAA certificate, you can complete the certification when you arrive.
6. **PAGER**  
(Visiting Residents will receive a pager from the program, not the GME Office)  
You must fill out a Pager Contract in order to obtain a pager. If the pager is not returned in good condition to the program, will impose a fine for the cost of the pager.

It takes approximately 3 months to process the affiliation agreement and 4 weeks to process all the forms and obtain the appropriate account numbers and passwords. You must complete, sign, and return this paperwork as soon as possible. Please only submit completed, signed packets to the GME office.

UNIVERSITY OF NEVADA, LAS VEGAS SCHOOL OF MEDICINE

Office of Graduate Medical Education

2040 W. Charleston Blvd, Ste. 507

Las Vegas, NV 89102

Phone: 702-895-0200

VISITING RESIDENT APPROVAL FORM

Liability insurance for visiting residents will be provided by the visiting resident's home institution or by the visiting resident. This packet must be completed, approved; all signatures obtained, and must be on file in the Office of Graduate Medical Education before the first day of the rotation.

FULL NAME (please print) (include medical degree) Social Security Number EMAIL ADDRESS

HOME ADDRESS CITY State ZIP DATE OF BIRTH

IF A FOREIGN MEDICAL GRADUATE: ECFMG NUMBER ECFMG CERT. DATE

NAME OF HOME RESIDENCY INSTITUTION NAME OF HOME PROGRAM

HOME RESIDENCY INSTITUTION ADDRESS CONTACT NAME

TRAINING LEVEL HIRE DATE HOME RESIDENCY PHONE # PROGRAM DIRECTOR NAME

NAME OF MEDICAL SCHOOL DATE OF MED SCH. GRADUATION NAME OF INITIAL PROGRAM MATCHED

UNIVERSITY OF NEVADA VISITING ROTATION (Type & Department) (Name of Training Institution where Rotating )

DATES OF VISITING ROTATION (EXACT START AND FINISH) NAME OF UNSOM FACULTY SUPERVISOR

CREDENTIALING OF VISITING RESIDENTS

Visiting residents/fellows are required to meet UNSOM credentialing standards for all residents/fellows. The Program Director of the home institution must attest that ALL of the following items have been fully credentialed by the home institution.

- Verification of medical school graduation
• Verification of all training and/or employment since medical school graduation
• Verification of ACLS training (does not need to be currently certified)
• Verification of immunizations (home institution standard requirement)
• Verification of completion of HIPAA training (home institution standard)
• Verification of clear National Practitioner Data Bank report
• Clear criminal background check\*
• Clear drug screen\*

\*Please note: if the home institution has not performed a criminal background check and/or drug screen, these items will be performed by University of Nevada School of Medicine prior to the start of the visiting rotation. The Program Director or authorized official must indicate below the status of the criminal background check and the drug screen by circling YES or NO and initialing.

YES/NO; A criminal background check has been performed for this individual. (program director or official initials)
YES/NO; A drug screen has been performed for this individual. (program director or official initials)

**Visiting Resident Approval Form, Page 2**

I certify that the information above is true and correct. I understand that any changes in the above will invalidate any approved liability coverage.

\_\_\_\_\_  
Signature, Visiting Resident

I agree to accept the above resident for training in my program for the dates listed above. He/she will receive credit for the rotation and an evaluation will be sent to the home Program Director upon completion of the visiting training.

\_\_\_\_\_  
Signature, UNLV-SOM Program Director

I certify that the above resident is a resident in good standing in the training program listed above, and will be receiving credit for this elective. I further certify that all credentialing items required by the University of Nevada, Las Vegas School of Medicine as indicated above have been completed.

I certify that the above resident has been approved as Visiting Resident per the Graduate Medical Education Committee policies.

\_\_\_\_\_  
Signature, UNLV-SOM Associate Dean/Director of GME      Date

\_\_\_\_\_  
Signature, UNLV-SOM Institutional Coordinator of GME      Date

\_\_\_\_\_  
Signature, Home Program Director

**LIABILITY INSURANCE COVERAGE**

Liability Insurance Coverage in the amount of \$1 Million per occurrence and \$3 Million Aggregate, as specified in Paragraph 3 of the Resident Training Agreement, for this visiting resident during the indicated rotation from the above will be provided by:

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Address of Institution

\_\_\_\_\_  
Name of Risk Management Officer

\_\_\_\_\_  
Signature of Risk Management Officer      Date

COPIES: Original in GME office; 2 copies to hosting department; 1 copy to Program Director of hosting institution; 1 copy to Risk Manager of providing institution.