

**MEDICAL UNIVERSITY OF SOUTH CAROLINA - GRADUATE MEDICAL EDUCATION  
VISITING RESIDENT INFORMATION/SIGNATURE FORM**

Name of Resident:

Resident's Home Address:

Resident's Home Phone Number:

Resident's Work Phone Number:

Resident's Email Address:

Emergency Contact Name and Phone Number:

Year in Program (PGY):

Rotation:

Begin Rotation On (Date):

End Rotation On (Date):

MUSC Program Director:

Clinical Rotation Supervising Physician:

Sponsoring (Home) Institution:

Residency Program:

Residency Program Director:

Residency Program Phone Number:

Malpractice Insurance Carrier:

Policy Number:

Dates of Coverage:

SC Medical License Number:

License Expiration:

Federal NPI Number:

**Please obtain the following signatures:**

Criminal Background Check Clearance (**HR Signature**):

Date:

EHS Clearance:

Date:

Epic Training Clearance Signature:

Date:

MUSC Patient Safety Orientation Verification (**PD Signature**):

Date:

OurDay Lessons (**GME Office Signature**):

Date:

MedHub Profile Creation Verification (**GME Office Signature**):

Date:

Signature of Visiting Resident:

Date: