

**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:

MUSC Employee ID Number:

GME Cleared: