

## **Rotator General Information**

Housestaff from other training programs interested in a clinical rotation in a program sponsored by Rutgers New Jersey Medical School are welcome to apply. Completed applications are reviewed and approval is granted on a case-by-case basis provided trainees meet specific qualifications and entry requirements. Generally, trainees will be considered if they:

- 1) are in good standing in an ACGME-accredited program
- 2) obtain approval and support to rotate from a Rutgers Program Director
- 3) complete and submit all rotator documentation according to all deadlines

If a resident at an outside institution wishes to apply for a rotation in one of the NJMS-sponsored programs please note the timeline and information requirements below.

- Complete the attached “**Rotator Request Form**” and email the completed form to [rotator@njms.rutgers.edu](mailto:rotator@njms.rutgers.edu) at least two (2) months prior to the planned rotation.
- The external program coordinator & resident will both receive an email with the resident’s login and password to New Innovations, the management software used at Rutgers NJMS, in approximately 3-5 business days. Each step in the New Innovations checklist will need to be fully completed prior to rotation approval. The steps are as follows:
  1. Demographic Information (must upload copies of medical/dental school diploma and current medical license or training permit as part of this checklist item)
  2. RBHS Confidentiality Statement
  3. University Hospital Confidentiality Agreement
  4. Copy of valid/unexpired government picture identification (driver’s license, passport, hospital ID, etc)
  5. Copies of valid BLS, ACLS, PALS certification (as applicable) – American Heart Association (AHA) Certified Courses only
  6. Rotator Medical Requirements (Health Clearance Attestation Form)
  7. Proof of Respirator Fit Testing on UH approved mask or Signed Disclaimer
  8. Program Director & DIO Attestation of Compliance
  9. EMR Access Request Form
  10. Malpractice insurance coverage verification from home institution (must indicate coverage through rotation timeframe) – Professional Liability Insurance (no less than \$1MM/\$3MM) and Commercial General Liability Insurance (no less than \$1MM/\$3MM)
- Read and complete the “**Rutgers NJMS Parking Permit Instructions**” form to pay for parking during your rotation
- Approximately one (1) month prior to your rotation you will be enrolled in CLASSROOM EPIC clinical systems training. **FAILURE TO COMPLETE CLASSROOM EPIC TRAINING BEFORE YOUR START DATE WILL FORFEIT ROTATION APPROVAL.**
- You must present to the GME Office on your first day (or several days prior if your start date is on a holiday or weekend as the GME Office may be closed) to obtain your medical record dictation number, clinical systems passcodes, and receive information to obtain an identification card.
- It is the rotator’s responsibility to make arrangements for housing and transportation as necessary.

Please contact the Graduate Medical Education Office if you have any questions (973) 972-6049 regarding this process.

## **Rotator Request Form**

Resident Name: \_\_\_\_\_

Home Institution: \_\_\_\_\_

Home Program: \_\_\_\_\_

Home Coordinator Email Address: \_\_\_\_\_

Resident Email Address: \_\_\_\_\_

Resident Cell Phone Number: \_\_\_\_\_

NJMS Program of Interest: \_\_\_\_\_

Proposed Training Dates: \_\_\_\_\_

Email this completed form to [rotator@njms.rutgers.edu](mailto:rotator@njms.rutgers.edu)

The coordinator & external resident will both receive an email with the resident's login and password to New Innovations, the management software used at Rutgers NJMS, in approximately 3-5 business days. Each step in the checklist will need to be fully completed prior to rotation approval.

**American Heart Association Life Support Certification Requirements**

Program	BLS	ACLS	PALS	NRP
Allergy & Immunology	X	X		
Anesthesiology	X	X	X	
Anesthesiology-Pain Management	X	X		
Cardiology & Interventional Cardiology	X	X		
Child Neurology	X		X	
Child Psychiatry	X		X	
Dentistry-General Practice	X	X		
Dentistry-Pediatrics	X		X	
Diagnostic-Radiology	X	X	X	
Emergency Medicine	X	X	X	X
Emergency Medicine (Adult Only)	X	X		
Emergency Medicine (Pediatrics Only)	X		X	X
Endocrinology, Diabetes, Metabolism	X	X		
Gastroenterology & Hepatology	X	X		
Geriatric Medicine	X	X		
Infectious Disease	X	X		
Internal Medicine	X	X		
Internal Medicine/Pediatrics	X	X	X	X
Nephrology	X	X		
Neurological Surgery	X	X	X	
Neurology	X	X		
Neurology-Vascular	X	X		
Neurosurgery Endovascular Neuroradiology	X	X		
OB/GYN	X	X		X
OB/Gyn- Maternal-Fetal Medicine	X	X		X
OB/Gyn- Reproductive Endocrinology	X	X		
Ophthalmology	X	X		
Oral Maxillofacial Surgery	X	X	X	
Orthopedics	X	X		
Otolaryngology	X	X	X	
Otolaryngology-Rhinology & Endoscopic Skull Base Surgery	X	X	X	
Pathology	X			
Pediatrics	X		X	X
Plastic Surgery	X	X	X	
PM&R	X	X	X	
PM&R-Musculoskeletal Rehabilitation Medicine	X	X		
PM&R-Pediatric	X		X	
PM&R-Spinal Cord Injury	X	X		
PM&R-Traumatic Brain Injury Medicine	X	X		
PM&R-Stroke Fellowship	X	X		
Podiatry	X	X		
Preventive Medicine	X	X		
Psychiatry	X	X		
Pulmonary Critical Care	X	X		
Surgery	X	X	X	
Surgery Critical Care-Trauma	X	X	X	
Urology	X	X		
Vascular Surgery	X	X		

## RUTGERS NJMS PARKING PERMIT INSTRUCTIONS

### ONLY PROCESSED VIA MAIL\*

1. Access the Vehicle Registration Form at:  
[http://rudots.rutgers.edu/DOTS\\_files/Vehicle\\_Registration\\_Form.pdf](http://rudots.rutgers.edu/DOTS_files/Vehicle_Registration_Form.pdf)
2. Print and complete all required fields. Incomplete forms will be returned and registration delayed. If vehicle is motorcycle, convertible or jeep with a soft top, please put a check in the blank box next to the vehicle “model” field.
3. Check the boxes labeled “Temp” and “Resident” and write in your **rotation dates (from – to)** on the line below that, otherwise the permit will be marked “valid” from date of purchase.
4. You **must** include your **Email Address** on the form.
5. Cost of the **monthly (4-week)** parking permit: \$30.00 plus \$1.99 sales tax = **\$31.99 – Only checks or money orders are accepted.\* If your rotation is more than 4 weeks, we encourage you to purchase a permit for the full duration of your rotation, otherwise you will have to repeat this process.**
6. Do **NOT** use the address listed on the Instructions page included with the registration form.

Instead, Mail Registration Form and Payment to:

Department of Transportation  
Rutgers University, Blumenthal Hall, Suite 105  
249 University Avenue, Newark NJ 07102

*\* If you prefer to pay using a credit card, you must personally go to this location.  
The credit card must include your name. Only MasterCard, Visa and Discover accepted.*

7. The Department of Transportation Services must receive the Registration Form no later than **one (1) week** in advance of your Rotation start date. You will receive a confirmation email confirming receipt of form. Parking permit will be sent to your home address.
8. The parking permit is only valid in the following surface/paved lots: 1, 1-A, 1-B, 4-A, 8 & 9 (click on “Health Sciences Campus at Newark” at <http://rudots.rutgers.edu/parkinglots.shtml> to see campus map with surface lots indicated)