UC San Diego Health

Biographical Data for UC San Diego Health Rotations

Your data will be used by UC San Diego Health (UCSDH) in its normal conduct of business relative to your postgraduate training. Your social security number is used to verify your identity and shall not be disclosed except as permitted by law. Pursuant to the Federal Privacy Act of 1974, disclosure of your social security number is voluntary. This record keeping system was established pursuant to the authority of the Regents of the University of California, under Article IX, Section 9, of the California Constitution.

1. Rotation Dates

Start Date: _____ End Date: _____
(mm/dd/yyyy)   (mm/dd/yyyy)

UCSDH
Training Program: _____ Have you previously rotated at UCSDH?   Yes   No

2. Biographic Information

Name: _____   _____ _____
Last, First, MI   Social Security Number   Birth Date
                                                                                          (mm/dd/yyyy)

Home Address: _____
Street (e.g., 1234 Upton Pl., Unit 432)   City, State & Zip

Contact Information: _____ _____ _____
Email   Home/Cell Phone No.   Work Phone No.

3. Home Institution/Trainee Type

Home Institution: _____

Address: _____
Street (e.g., 200 West Arbor Dr., MC 8829)   City, State & Zip

Program Name: _____   PGY Level: _____

Trainee Type: Resident   Fellow   Pharmacist   Podiatrist   PA

4. Medical License/NPI

Medical License No.: _____ Expiration Date: _____ State: _____
(mm/dd/yyyy)

NPI No.: _____

Visiting Residents from outside of CA who do not hold a valid CA Medical Board license cannot exceed a total of 90 rotation days. Osteopathic Visiting Residents must have a full, unrestricted CA DO license to rotate in CA. These rules do not apply to Visiting Residents who are currently in the military.

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Biographical Data for UC San Diego Health Rotations (continued)

5. Medical Education

Medical School Name: _____

Medical School Location: _____   _____   _____

                                                             Degree   Graduation Date (mm/dd/yyyy)

An ECFMG certificate is required for International Medical Graduates.

6. Post Graduate Medical Education Training Information

List all accredited **US/Canadian** residency/fellowship training.

Start/End Dates (mm/yy)	Institution	Program	No. of Yrs. Completed
to	**CURRENT**	**CURRENT**	
to			
to			
to			
to			

7. Epic Experience

Is your Home Institution Epic-live?   Yes   No

If your Home Institution is Epic-live,
in which type of setting do you use Epic?   Inpatient   Ambulatory   Both

8. For Non-U.S. Citizens

	Alien Permanent	Alien Resident	J-1 Visa	Other
Type of Visa:				

If Other, what type? _____

Please provide a copy of your current Visa.