CU GME Resident Rotator Checklist for Program Coordinators

Confirm if rotator is “observing” or having “patient/patient records” contact.

“Observing” only (no patient/patient records) contact – GME office does not need to be contacted. Program Coordinator (PC) should contact the following applicable affiliates:

UCH – Volunteer Services 720/848-1886
- Contact: Jennifer.Ricklefs@uchealth.org 720-848-4068. Click this link for information and forms: https://www.uchealth.org/give-to-uchealth/volunteer/
- Education Observation Program (EOP) return forms to Jennifer a minimum of 1 week prior to the observer’s start date.
- Extended Academic Observership (EAO) return forms to Jennifer a minimum of 2 months prior to the observers start date.

DH – Laura Rendon. Laura.Rendon@dhha.org or 303/602-2786
CHCO – Andrea Reed. Andrea.Reed@childrenscolorado.org or 720/777/8396

“Patient/Patient records” contact – follow and complete the process below:

When contacted by a resident regarding coming to your residency for an elective:

_____ Confirm with your Program Director that accepting a rotator will not interfere with the educational experience of your own program’s residents and/or fellows
_____ Inform the Rotator that s/he can come for the dates requested provided that:
   a. Rotator’s home institution continues to pay stipend and benefits
   b. Rotator has/obtains $1 million/$3 million malpractice coverage
   c. Rotator has worker’s compensation coverage from home institution
_____ Complete the Rotator-In Program Letter of Agreement (located on MedHub > GME Resources and Documents > Templates) and send to karen.graves@ucdenver.edu for GME review and signatures.
_____ Send the rotator the following documents/information no later than 1 month prior to rotation:
   a. Application for Clinical Rotation (located on MedHub > GME Resources and Documents > Templates) signed by the Program Director and filed within the department (does not need to be returned to GME)
   b. UCH Computer Access Request Form / UCH Security Statement Form - fax completed forms to UCH
   c. UCD Sponsored User Domain Online Request Instructions- See page 2
_____ Complete Rotator Template and return to karen.graves@ucdenver.edu (she will forward this information to the required contacts at UCH and CU SOM.

Additional Program Coordinator Responsibilities:

_____ Hospital badging
_____ UCD and/or Hospital parking
_____ All other program specific information

Revised 6/11/18
UCD Sponsored User Domain Online Request Instructions  
*Required for UCH EPIC Access*

Please self-register for CU domain access using the following instructions:

- Click here to self-register for SOM domain access: [http://passport.ucdenver.edu](http://passport.ucdenver.edu)
- Click Become A Sponsored User
- Click Proceed With Requesting Your Account
- Complete all required fields
- Organization name of sponsoring department: *Anschutz Campus - Sch of Med - Graduate Medical Education.* 

- **Instructions to claim your account will be emailed to the email account that you provide on the domain access form.**

- “The initial password of this account is unknown. The account owner must claim the account by browsing to [https://myaccount.ucdenver.edu](https://myaccount.ucdenver.edu) and submitting the required information. This will allow the account owner to choose a password. University of Colorado Denver Automated Identity Management”
First Name:
Last Name:
PGY Level:
Date of Birth:
Last four digits of SSN:
NPI #:
DEA #:
CO State License #:
License Expiration Date:
Name of Medical School:
Dates of Medical School:
UCD Rotation Start Date:
UCD Rotation End Date:
Name/Location of UCD Rotation:
Resident’s email address:

*A Colorado medical license is not necessary if the rotation is less than 60 days and the rotator is from an out of state location.