ROCHESTER REGIONAL HEALTH

MEDICAL EDUCATION OFFICE
RIEDMAN CAMPUS
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RRH Visiting Resident/Fellow Demographics Form

Please complete this form in its entirety as it relates to your rotation with RRH. Once completed, kindly return this form for review. If you have any questions regarding the form or need assistance completing it, please feel free to contact John.Zajac@rochesterregional.org.

Demographics / Contact Info

First Name: _____ Last Name: _____

Cell Phone: _____ Email: _____

Secondary Email: _____ Date of Birth: _____

Social Security Number: _____ Canadian: ☐

(required for MedHub profile creation; used internally only and will not be distributed) *(check box only if your SSN is Canadian-issued)*

Visiting Rotation Info

[Information about your visiting rotation to RRH]

Location/Hospital: _____ Service/Rotation: _____

Start Date: _____ End Date: _____

Education

[Information about your past medical/dental school program]

Name of Medical/Dental School: _____ Degree: _____

Country: _____ Start Date: _____ End Date: _____

ECFMG Number: _____ ECFMG Issue Date: _____

(Required if foreign medical school graduate)

Training (Current)

[Information about your current residency/fellowship program]

Home Institution/Hospital: _____

Program/Specialty: _____ Start Date: _____ End Date: _____

Program Type: ■ *Residency* □ *Fellowship* PGY Level: ■ *0* □ *1* □ *2* □ *3* □ *4* □ *5* □ *6* □ *7*

Training (Previous)

If you have additional training history (other residencies or fellowships) prior to your current program, please make note of it in the table below.

Institution/Hospital	*Program/Specialty*	*Residency -or- Fellowship*	*Start Date*	*End Date*

Use the space below for any additional notes/comments about your prior training history (you may wish to note any gaps in training, leaves of absence, hospital appointments, etc.)
