MAYO CLINIC

Application for Visiting Resident Experience

Mayo Clinic School of Graduate Medical Education
Mayo Clinic College of Medicine and Science

Application

Applying as a visitor in _____ based at   ☐ Jacksonville, FL
(Department/Program)   ☐ Rochester, MN
☐ Scottsdale, AZ

Requested Appointment Dates
Begin *(mm-dd-yyyy)*   End *(mm-dd-yyyy)*

☐ Check here if observation only

Appointments require a minimum of 6 months to process once completed application and all accompanying documents arrive in MCSGME. Minimum appointment length is 2 weeks, maximum appointment length is 6 months.

Current Residency Position Information

Institution

Address *(Street, City, State, ZIP Code)*

Program Director | Email

Specialty | PGY Level

Enrollment Dates
Begin *(mm-dd-yyyy)*   End *(mm-dd-yyyy)*

Personal Data

Name *(First, Middle, Last)*	Birth Date *(mm-dd-yyyy)*
Current Home Address *(Street, City, State, ZIP Code)*	Gender ☐ Male ☐ Female

Social Security Number (U.S. SSN only) | Phone | Permanent Email

Prior Education (Attach additional pages if needed)   ## List Degrees (eg, M.D.; M.B.B.S.)

Date *(mm-dd-yyyy)* _____ to Date *(mm-dd-yyyy)* _____	Graduate School	
	Address *(Street, City, State, ZIP Code)*	

Date *(mm-dd-yyyy)* _____ to Date *(mm-dd-yyyy)* _____	Medical School	
	Address *(Street, City, State, ZIP Code)*	

Date *(mm-dd-yyyy)* _____ to Date *(mm-dd-yyyy)* _____	Prior Residency/Fellowship	
	Address *(Street, City, State, ZIP Code)*	

Other Experience (Examples include employment, research, military, etc)

Date (mm-dd-yyyy) _____ to Date (mm-dd-yyyy) _____	
Date (mm-dd-yyyy) _____ to Date (mm-dd-yyyy) _____	
Date (mm-dd-yyyy) _____ to Date (mm-dd-yyyy) _____	

Licensure/Examination (Required only for appointments involving patient contact)

U.S. state(s) where you hold a valid medical license	Medical Licensure Number

International Medical Graduates (Required only for appointments involving patient contact)

Medical graduates of a medical school outside the United States or Canada, must be certified by the Educational Commission for Foreign Medical Graduates (ECFMG).

ECFMG/USMLE Number	ECFMG Certification Date (mm-dd-yyyy)

Supporting Documents Required

☐ Rotation Goals and Objectives (for one-time rotations only, which an ongoing Program Letter of Agreement (PLA) does not exist)
☐ Curriculum Vitae, translated into English, if applicable
☐ Copy of Medical School Diploma, translated into English, if applicable
☐ Copy of ACLS and BCLS Certification (for Florida Visiting Residents only)
☐ Copy of ECFMG Certificate, if applicable
☐ Letter of good standing from program director (observation only, in lieu of PLA)

Applicant's Certification

Have you ever been charged with a violation (excluding traffic violations) of any U.S. state, the United States, or any foreign country?
☐ Yes ☐ No
If yes, explain:

I attest that my health status records are current and meet minimum health standards, including without limitation: 1) proof of immunity or immunization for measles, mumps and rubella, and varicella; 2) proof of current diphtheria/tetanus immunization; 3) TB screen; and 4) Hepatitis B screen.
☐ Yes ☐ No
If no, explain:

Signature

I certify all the information I have provided is complete and accurate.

Applicant Signature ▶	Applicant Printed Name (First, Middle, Last)	Date (mm-dd-yyyy)

Citizenship/Visa Notice

Non-U.S. citizens must provide proof of permanent immigrant status or an appropriate visa for Visiting Resident experience after approval of an appointment but prior to beginning their appointment. Questions related to visa sponsorship may be directed to Mayo Clinic's Legal Department – Immigration Specialty Team at 507-284-5144 or ECFH1BIPO@mayo.edu.

Note: failure to inform MCSGME of the need for temporary visa sponsorship well in advance of the appointment begin date could result in significant delays in visa processing and could jeopardize your ability to participate in the program.

MC0437-19rev0823