

Rotator: _____
 Department: _____
 Dates: _____



Rotator Packet Document Completion

Pending/Complete	Date	Description/Document Needed
Rotator		
		3 Page Rotator Application
		Rotator's Rotation Schedule
		Letter from the Rotator's Program Director
		Copy of Valid MA License
		Copy of MA Controlled Substance Certificate, if applicable
		Copy of Federal DEA Certificate, if applicable
		Waiver Form for writing prescriptions, if applicable
		Copy of ECFMG Certificate, if applicable
		Copy of Visa (includes Permanent Resident and Work Authorization Cards), if applicable
		Employee Health Clearance Form - Email directly to Employee Health: employeehealthservices@tuftsmedicalcenter.org
		Background check verification (NO RESULTS! Just a statement verifying one was done from PD, HR, or GME office)
		Proof of Malpractice
Program Coordinator *		
		Confirm Employee Health Clearance – Joyce Booth x5480 or Barbara Goral x6431
		Letter from the Tufts MC Program Director accepting rotator
		Request pager. Pager # _____
		Request provider to be added to SmartWeb (be sure pager # is put in)
		Verify NPI # (https://npiregistry.cms.hhs.gov/NPPERegistry/NPIRegistrySearch.do?subAction=reset&searchType=ind)
		Program Coordinator Supplemental Form
GME Office		
		Request SMS Number (Contact Kathleen Connors ext64605) SMS # _____
		Enter personnel information in New Innovations
		Enter Rotation Schedule in New Innovations
		Request provider to be added to Veriphy
		Notify department when the rotator is cleared

*Please do not submit Rotator Packet to GME office until all Rotator and Program Coordinator sections have been completed. Thank you!