

## COOK COUNTY HEALTH ROTATOR CHECKLIST

Requirements/Documents	Notes
Complete Electronic Application ( <a href="http://www.cookcountyhealth.org">www.cookcountyhealth.org</a> )	*NPI Number, Illinois License & ECFMG (if applicable) <b>required for ALL rotators.</b>
Current Medical License / *DEA License (if you have a permanent medical license)*	*Print a Primary Source Verification (PSV) from IDFPD website. Coordinator must sign, date and upload to NI.
Online Computer Training <b>(one time requirement ONLY)</b>	*Email <a href="mailto:professionaled@cookcountyhhs.org">professionaled@cookcountyhhs.org</a> your <b>NAME, ROTATION DEPT, &amp; EMAIL.</b>
Computer Training Transcripts	Send copy of transcripts of completed training to your institutional coordinator.
Complete 2 On-line Edu. Modules: Infection Control & Resident Orientation Module ( <b>required every Academic Year</b> )	*You will receive instructions with a link after submitting your electronic application. Send certificates to your institutional coordinator.
Copy of ECFMG *(if applicable)	
ACLS / PALS	Required for <b>ALL PGY LEVELS</b> *(not required for PATHOLOGY & PHARMACY rotators)
Quantiferon Gold *(within 3 months if NEW) or Annual TB Questionnaire *(if retraining) ( <b>must be with-in the current residency/fellowship period</b> )	*If ' <b>POSITIVE</b> ' an <u>annual TB Questionnaire is required</u> (must be with-in 3 months for 'NEW Rotators)
Vaccine / Titers Verification: Measles / Mumps / Rubella / Varicella / Hep B	Provide proof of vaccinations or titers *( <b>ONE TIME Requirement ONLY</b> )
Flu Vaccine & COVID Vaccine Verification	Required annually *(Flu <b>ONLY</b> during the months of <b>October - March</b> / A <b>COVID Test is REQUIRED</b> if the rotator has not received a COVID Vaccine)
Proof of Radiation Safety Training *(if applicable) ( <b>required EVERY academic year</b> )	*Only if rotating in <b>ORTHO, CARDIO or URO.</b>
Current Block Schedule	*Or provide email from coordinator specifying rotation department & dates
Complete Computer and Pharmacy Access Forms	*Forms are located in the NI checklist. Please complete all highlighted areas.
Submit Clearance Request Spreadsheet	*Spreadsheet is located in the NI checklist.