



# HARBOR-UCLA MEDICAL CENTER GME OFFICE

## Affiliating Physician Questionnaire

**Instructions:** All sections of this form must be complete. Submit to the GME office at least two weeks prior to the start date of the rotation with Medical License, DEA, and ECFMG certificate (if applicable). Visiting Resident/Fellow registration procedure is available on the Harbor-UCLA website <https://www.harbor-ucla.org/gme-resources/>. All rotating physicians must register with the Graduate Medical Education by emailing this documentation to [EVasquez@dhs.lacounty.gov](mailto:EVasquez@dhs.lacounty.gov). Questions may be referred via email.

Affiliate Physician's Full Name: \_\_\_\_\_ Harbor E/C# \_\_\_\_\_

Affiliate Hospital: \_\_\_\_\_ Department: \_\_\_\_\_

Affiliate Physician's Training Program/Specialty: \_\_\_\_\_

Physician's Home Address: \_\_\_\_\_  
Street Address City, State Zip Code

Cell No.: \_\_\_\_\_ Email: \_\_\_\_\_ Pager No.: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Postgraduate Year Level: \_\_\_\_\_ Fellow? Yes  No   
(PGY 1, 2, etc.)

Medical School: \_\_\_\_\_ Month/Year Graduated: \_\_\_\_\_

Physician's NPI #: \_\_\_\_\_ MD  DO  DDS  Check here if not licensed

Calif. Medical/PTL/Dental License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ **Copy Required**

Physician DEA #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ **Copy Required**

**NOTE:** For International Medical Graduates, an ECFMG Certificate is required to begin rotations at Harbor-UCLA Medical Center. A copy of the ECFMG Certificate must be submitted to the GME Office with the completed Affiliating Physician Questionnaire.

International Medical Graduates: ECFMG Certificate #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ **Copy Required**

Person to notify in case of emergency: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Your Program Director's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**NOTE:** If a scheduling change occurs, i.e., change of date or cancellation, an adjusted form must be completed and turned in to the GME Office.

Harbor-UCLA Rotation Department/Service: \_\_\_\_\_

Harbor Service Rotation Dates: \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Harbor Program Coordinator: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR GME ADMINISTRATIVE USE ONLY

SYMPLR I.D.#

SYMPLR Data Entry Date; Initials

Confirmation Date (if different from above)

HR & GME LOG	SCAN/FILE: S DRIVE/MEDHUB	CONFIRM. EMAIL	FINANCE EMAIL
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