Physicians-In-Training Application

Self-Insurance Program, Baylor College of Medicine
Houston, TX

To: Eligibility Subcommittee
Baylor College of Medicine
c/o Office of Risk Management
One Baylor Plaza, MC NO. BCM208
Houston, TX 77030

Effective Date
of Coverage: _____

1. Full Name: _____
   Last First Middle
2. Date of Birth: _____ Place of Birth: _____
3. Social Security Number: _____
4. Current Address: _____

   City: _____ State: _____ Zip: _____

   Permanent Address: _____

   City: _____ State: _____ Zip: _____
5. Telephone Number: _____
6. (a) Texas License No.: _____ Date: _____

   (b) Texas Institutional Permit No.: _____ Date: _____
7. (a) Check One: ____ Resident ____ Postdoctoral Fellow ____ Other (specify) _____

   (b) Date Residency or Fellowship will commence at Baylor College of Medicine ("Baylor"): _____
8. Anticipated completion date of Residency or Fellowship at Baylor: _____
9. Residency or Fellowship specialty at Baylor: _____
10. Medical School Attended: _____
11. Date Attended: _____ Date Graduated:_____
12. If the medical school from which you were graduated was located outside of the United States of America, give your ECFMG No.: _____

13. List any formal training between date of graduation from medical school and the date your Residency or Fellowship will commence at Baylor.

    Internship at: _____

    Date: _____

    Residency at: _____

    Date: _____

    Other: _____

    Date: _____

14. Board Eligible: _____ Date: _____

    Certified by American Board of _____ Date: _____

15. Has any claim or suit for malpractice or alleged malpractice ever been brought against you, or are you aware Of any circumstances that might reasonable lead to such a claim or suit?

    If so, explain in detail. (Use separate sheet if necessary.) _____

    _____

16. Other than medical school, have you ever been provided with or purchased professional medical liability insurance coverage?

    If so, please describe: _____

    _____

17. Are you involved in the rendering of any professional medical services outside of your formal training program with Baylor? _____

    If so, please describe: _____

    _____

The undersigned warrants that the information set forth in this Application is true and correct in all material respects, and acknowledges that such shall be a condition to the receipt of any indemnification under the Baylor College of Medicine Self-Insurance Program ("Program").

By the execution of this Application the undersigned agrees: 1) to comply with the initial and continued Criteria for Eligibility ("Criteria") established pursuant to the Program, including any additions or modifications thereto which made be made by the Administrator of the Program from time to time; 2) to comply with the terms and conditions of the Program, including without limitation regulations and procedures relating to incident reporting, peer review, continuing education, and loss prevention; 3) to cooperate with personnel associated with the management and administration of the Program, including attorneys and claims adjusters provided in connection with any incident reported or claim brought under the Program; and 4) to accept and consent to the disposition of

any such claim as any limitations or exclusions contained in this Application, the Criteria, the Certificate of Participation, and any other documents issued under the Program, including any modifications to the Declaration, Policies, and such documents as may be made from time to time. A copy of the Declaration is available for inspection in the Office of Risk Management. It is specifically understood that the dollar amount of coverage shall be limited to the amount stated in the Certificate, despite the fact that the Declaration and/or Policies provide for higher limits of coverage.

Liability of any participant arising out of the rendering of or failure to render professional services will be covered under the Program only when such liability is incurred by the participant while acting within the scope of his duties to Baylor College of Medicine. This determination shall be made as follows:

PHYSICIANS-IN-TRAINING

Liability of a participant who is a medical resident, intern, fellow, or student shall be deemed to be incurred while acting within the scope of his duties to BCM if an only if (1) the liability arises out of activities performed within the scope of such participant's formal training program at BCM, an institution which has entered into an affiliation agreement with BCM, or a program related to BCM, or (2) the liability arises out of "good Samaritan" activities of the participant. Liability for activities which the Eligibility Subcommittee of BCM may classify as "moonlighting" whether or not performed for compensation, shall not be deemed to be incurred while acting within the scope of such participant's duties to BCM. Except as expressly provided in the Declaration, no person shall have the power to waive any of these provisions relating to coverage and scope of duties, or to issue any interpretation thereof which shall be binding on the Program or BCM.

Applicant: _____

Date: _____

Rev. 1/2008

Notice of Workers' Compensation Insurance

Baylor College of Medicine has workers' compensation insurance coverage from Sentry Insurance to protect you. You can get more information about your workers' compensation rights from The Division of Workers' Compensation by calling 1-800-252-7031.

You may elect to retain your common law right of action, if, no later than five days after beginning employment, you notify Baylor College of Medicine's Risk Management Department in writing that you wish to retain your common law right to recover damages for personal injury. If you elect your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

Baylor College of Medicine está cubierto por la aseguranza de compensación al trabajador de Sentry Insurance para su protección. Usted puede obtener información adicional sobre sus derechos de compensación a1 trabajador de The Division of Workers' Compensation puede Llamar al 1-800-252-7031.

Usted puede elegir retener su derecho a acciones bajo la ley común, si, no mas tarde de cinco días despues de comenzar empleo. Usted notifica a La Oficina de Risk Management de Baylor College of Medicine por escrito que usted desea retener su derecho bajo a ley común para recobrar danos por lesiones personales. Si usted elige su derecho de acción por la ley común, usted no puede obtener ingreso de compensación al trabajador o beneficios médicos si es usted lesionado/a.

Name (print): _____ Baylor ID#: _____
(Nombre – Imprimir)

Signature: _____ Date: _____
(Firma)

White-Employee's Personnel File CanaryEmployee

BAYLOR COLLEGE OF MEDICINE
HOUSE STAFF APPLICATION

If applicable, are you registered with the National Residency Match Program? _____

Application for house staff appointment (specialty)	Level of training applied for:	Beginning (MO) (DAY) (YEAR):

Last First Middle		Present Address	
Personal E-mail Address		Telephone (Home)	Telephone (cell)
Permanent Home Address		Name, address & phone # of someone always able to contact you	
Social Security Number		Citizenship	If non-citizen, what type of Visa do you/will you hold?
Birth date (MO/DAY/YEAR)	Place of Birth	Are you ECFMG certified? If so, what is your certificate number?	
Do you have any condition which might impair your participation in the program? If so please describe.		Have you ever been arrested? (domestic or international) If so please provide details on a separate page. ☐ Yes ☐ No	

EDUCATION:

College	Name	From	To	Degree
	Address			
Medical School	Name	From	To	Degree
	Address			

Internship	Institution	From	To	Specialty
		City and State		
Residency	Institution	From	To	Specialty
		City and State		
	Institution	From	To	Specialty
		City and State		

Fellowship	Institution	From	To	Specialty
		City and State		
Graduate School	College(s)	From	To	Degree
	Field(s)			

U.S. Board Certification or Eligibility	Specialty	Certified or Eligible	Date of Certification
	Specialty	Certified or Eligible	Date of Certification

MEDICAL LICENSURE(S):

State _____ Year Issued _____

State _____ Year Issued _____

Faculty Appointments	College	From	To
	Department	Rank	
	College	From	To
	Department	Rank	

Practice or Other Clinical Experiences	Location	From	To
	Type		
	Location	From	To
	Type		

I certify that to the best of my knowledge the above information is accurate and correct.

Date _____ Signature _____

BAYLOR COLLEGE OF MEDICINE'S
DEAN'S VERIFICATION OF PENDING GRADUATION

Return To: _____

_____

_____

Re: _____
Name of Student & Program

Dear Medical School Dean/Registrar:

Baylor College of Medicine procedures and Texas Medical Board regulations require verification of medical school degrees. Please indicate below the above-named student's expected date of graduation. Please send this completed form to the address listed at the top of this letter.

Thank you,

Jacqueline Levesque
Assistant Dean
Office of Graduate Medical Education
Baylor College of Medicine

"AFFIX SCHOOL SEAL HERE"

Name of Student: _____

Type of Medical Degree Awarded: _____

Date Medical Degree was/will be Conferred: _____

_____ _____
Print name of Dean/Registrar Title

_____ _____
Signature of Medical School Dean/Registrar Date

_____ _____
Name of Medical School Location of Medical School

Baylor College of Medicine

RE: _____
Applicant's Name and Department

I waive my right to confidentiality and do hereby authorize the above named Department and/or Office of Graduate Medical Education to review my Texas Medical Board (TMB) postgraduate resident permit application for processing purposes.

I waive my right to confidentiality and do hereby authorize the Baylor College of Medicine representative of the Office of Graduate Medical Education to discuss my postgraduate resident permit application with the Texas Medical Board (TMB).

_____ _____
Applicant's Signature Date

Order Instructions for
Baylor College of Medicine - General Medical Education

1. Go to https://mycb.castlebranch.com/

2. In the upper right hand corner, enter the Package Code that is below.

Package Code **AY25**: Background Check - Drug Test

About

About CastleBranch

Baylor College of Medicine - General Medical Education and CastleBranch – one of the top ten background screening and compliance management companies in the nation – have partnered to make your onboarding process as easy as possible. Here, you will begin the process of establishing an account and starting your order. Along the way, you will find more detailed instructions on how to complete the specific information requested by your organization. Once the requirements have been fulfilled, the results will be submitted on your behalf.

Order Summary

Payment Information

Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

Accessing Your Account

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

Contact Us

For additional assistance, please contact the Service Desk at 888-723-4263 or visit https://mycb.castlebranch.com/help for further information.