

**Baylor College of Medicine  
Office of Graduate Medical Education  
Visiting House Staff Physician Elective**

**Please provide the following:**

- \_ BCM Liability Release Form
- \_ Proof of Professional Liability Coverage at the 1m/3m levels \*military personnel can send in a formal letter/memo stating they have this on file
- \_ Background Check & Drug Screen (Completed through [CertifiedBackground.com](https://www.CertifiedBackground.com))\*
- \_ Copy of Texas Medical License or Permit. Outside rotators should contact the Texas Medical Board for instructions on obtaining a Rotator Physician in Training Permit. They may be contacted at [pits@tmb.state.tx.us](mailto:pits@tmb.state.tx.us)
- \_ Copy of Current DEA and DPS Certificates (if fully licensed in Texas)
- \_ Copy of Current ACLS, PALS, or ATLS Certification (must be AHA or American Red Cross certified)
- \_ Proof of Current HIPAA Training – this is needed for all trainees
- \_ Complete Immunizations Record
- \_ COVID-19 Immunization Record
- \_ Program Letter of Agreement between Baylor and your institution with goals & objectives

**Processing Fees:**

- \_ Processing Fee (waived for US Military trainees & Affiliated hospitals in the Med Center): \_  
\$500 if GME is notified at least 90 days prior to start
- \_ \$750 if GME is notified less than 90 days prior to start
- \_ \$1250 for any elective scheduled between June 1 – July 31

*\*Fee is non-refundable.*

\*Affiliates within the Texas Medical Center Consortium (UT Houston, The Methodist Hospital, MD Anderson Cancer Center), St. Joseph's Houston, UTMB Galveston, & CHRISTUS SA - need to send in a letter from the program stating they have done a background check and drug screening previously. **\*\*Effective immediately, BCM no longer accepts VISA holders for electives that are outside the US currently (meaning, they have not already done their training in the US).**

Full Release of  
Baylor College of Medicine  
From All Liability

I understand that in connection with my voluntary participation in the clinical training experience at Baylor College of Medicine, I will be offered the opportunity to work in hospital or clinic settings, which may be hazardous. In these settings, I may come into contact with:

1. communicable or infectious diseases, including by way of example, tuberculosis, HIV, hepatitis;
2. radioactive devices and substances;
3. biologically hazardous materials;
4. dangerous equipment; and
5. other substances or things which are unfamiliar to me and which could cause serious injury to me, including death.

Additionally, I may be exposed to other potentially harmful situations and equipment commonly encountered in a medical environment where patients are treated, such as operating suites, emergency departments, labor and delivery suites, and intensive care units. As a result of the hazardous environment at the school and its affiliated hospital and clinics, I understand that there is the potential for me to be seriously injured or even killed or to sustain serious damages.

In consideration of the experience and training which I will receive at Baylor College of Medicine, which I expressly state will be of great value to me and my career and which will greatly enhance my educational experience as a physician in training, I \_\_\_\_\_, do hereby release and hold harmless Baylor College of Medicine, its trustees, officers, employees, faculty, staff, and all other persons, firms, subsidiaries, corporations or other entities, including Baylor-affiliated hospitals and other healthcare entities which might be liable, from any and all claims, demands, lawsuits, causes of action, known or unknown, of whatever nature whether for personal injury (including a serious disease) or death, or otherwise which may accrue to me, my heirs, executors, legal representatives, successors or assigns for or on account of my voluntary participation in the clinical training experience at Baylor College of Medicine.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Check One:

Post-Doctoral Fellow \_\_\_\_\_ Resident \_\_\_\_\_ Student \_\_\_\_\_

If student (Externship) is under the legal age of 21, a parent or guardian must sign and his/her signature must be notarized.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

THE STATE OF TEXAS     §  
  §  
THE COUNTY OF HARRIS §

BEFORE ME, the undersigned authority in and for said county and state, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (he/she) executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF THIS OFFICE this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public in and for the State of Texas,  
County of Harris



## 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**

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#### **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**

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#### **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.



## ***Acknowledgment of Receipt of Privacy Notice***

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By signing this form, you are agreeing that you have received a copy of the Baylor College of Medicine Privacy Notice, which describes how we use and disclose your health information. You have the right to refuse to sign this Acknowledgment, in which case we must document our good faith effort to obtain your acknowledgment and the reason why it was not obtained.

**Receipt of Privacy Notice acknowledged by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name (Please print clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
BCM ID# (Use DOB, if you do not know your JD#)

**Relationship to patient/employee:**

Self       Other:

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Patient, spouse, legal representative, or beneficiary (Patient's spouse may authorize disclosure of patient's health information only when the health information is for the sole purpose of processing an application for health insurance, for enrollment in a health care service plan or an employee benefit plan, and where patient is to be an enrolled spouse or dependent under the policy or plan).

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## How to Use the PIT Application Submission Spreadsheet

1. Please download and save the PIT Application Submission Spreadsheet. You will only have to do this once. If you are unfamiliar with downloading and saving, here's how to do it:
  - a. Double-click on the attachment open the PIT Application Submission Spreadsheet.
  - b. Click on File, then on Save As.
  - c. In the Save As box, select the appropriate location for saving the file.
  - d. Leave the file and file type as already appears in the dialog box.
  - e. Close the saved PIT Application Submission Spreadsheet.
2. When ready for use, open the PIT Application Submission Spreadsheet, choose File, Save As and name it with today's date. (Submit no more than one PIT Application Submission Spreadsheet each day.)

**Note:** Data on this PIT Application Submission Spreadsheet will be used by TMB to match with a PIT applicant's online submission, so be very careful that your data entry is correct. Please advise your applicants to do the same. If matches between an applicant's online submission of his or her TMB ID number, Program ID number and either SSN or ECFMG number to the same fields submitted in your PIT Application Submission Spreadsheet, there will be delays in processing that application.

3. You're ready to begin data entry.
  - a. You will see 12 columns for the different data fields to be collected (see the sample screen at the end of the instructions).
  - b. You will enter a row of information for each applicant, with the data for each applicant in the appropriate column.
  - c. Click on cell A2 to begin data entry.
  - d. You may move to the next column on the same row by using the TAB key.
  - e. Start a new row for each applicant.
  - f. Information about each column of data is shown below.

### ACGME, AOA or TMB Program ID #

- Enter the numeric code for the specific program.
- Do not enter the dashes – only numbers; the dashes will display after entry.
- Please call if you have any questions – using an incorrect Program ID will significantly delay the process of issuing a permit.

### PIT Type

- This column contains a drop down list and you must select PIT, ROT or CP.  
PIT = Initial PIT Permit  
ROT = Rotator Permit (Initial and Subsequent)  
CP = Institution Change PIT Permit (use if a PIT applicant has had a PIT permit at another institution and is now joining your institution)

**Note:** PIT holders changing programs **within** the same institution do **not** need to apply for a new PIT permit. Send TMB an e-mail to [pits@tmb.state.tx.us](mailto:pits@tmb.state.tx.us) with the new Program ID and any changes to the begin and end program dates.

### TMB personal ID #

- If the PIT applicant has ever had any kind of application, permit or license with TMB, the applicant should already be assigned a TMB personal ID number in our system.
- Please make every effort to enter this number, if it exists, to avoid duplication in TMB's system and delay in issuing the permit.

### First/Middle Name

- Enter the first and middle names of the PIT applicant.
- This name field may ultimately be overwritten if the PIT applicant supplies a variation of the name when applying online. However, it will be useful to TMB in the event that other fields don't match as expected.

#### Last Name

- Enter the last name of the PIT applicant.
- This name field may ultimately be overwritten if the PIT applicant supplies a variation of the name when applying online. However, it will be useful to TMB in the event that other fields don't match as expected.

#### Suffix

- This column contains a drop down list and you may select JR, SR, II, III, IV or V.
- Leave the cell blank if an applicant has no suffix on his or her name.

#### Degree

- This column contains a drop down list and you must select either MD or DO.

#### SSN

- Enter the PIT applicant's social security number, if one exists.
- Do not enter dashes – only numbers; the dashes will display after entry.

#### ECFMG #

- If the PIT applicant is an international medical graduate, enter the applicant's ECFMG number.
- Do not enter dashes – only numbers (in this case the dashes will not display after entry).

#### Training Program Start Date

- Enter the date the applicant will start the training program.
- Use slashes (/) and the format mm/dd/yy. An example is 7/1/05.

#### Training Program Completion Date

- Enter the date the applicant is scheduled to complete the training program.
- Use slashes (/) and the format mm/dd/yy. An example is 6/30/08.

#### H1B Visa Letter Needed?

- Select Yes from the drop down list if an INS letter is needed. If not, skip this cell.
- If Yes is entered in this column, an INS letter will be included with the initial correspondence sent by TMB.

4. Click the Save icon or File/Save periodically while working on your PIT Application Submission Spreadsheet.
5. After you have entered a row of data for each applicant, save the PIT Application Submission Spreadsheet one last time and close it.
6. Send the PIT Application Submission Spreadsheet to the TMB at [pits@tmb.state.tx.us](mailto:pits@tmb.state.tx.us) as an attachment.
7. Requirements for acceptance of the PIT Application Submission Spreadsheet:
  - a. The e-mail should come from the director of medical education, the chair of graduate medical education, the program director, or (if none of the previously named positions is held by a physician) the supervising physician of the postgraduate training program.
  - b. We will also accept the spreadsheet in an e-mail from a staff member, so long as the director of medical education, chair of graduate medical education, the program director, or, if none of the previously named positions is held by a physician, the supervising physician of the postgraduate training program is copied on the email and the appropriate selection is indicated in the certification.
  - c. In the body of the e-mail, the following certification statement must be included:

I, **(insert name here)**, certify that I am **(delete those that do not apply)**

the chair of graduate medical education

the program director

if none of the previously named positions is held by a physician, the supervising physician of the postgraduate training program, or

the **(Housestaff Coordinator or appropriate title)**, that I am acting on behalf of **(insert name here)** who is the **(chair of graduate medical education/program director/supervising**

**physician**), and that the named individual has authorized me to make the following certification. I am sending a copy of this e-mail to the named individual.

This information is submitted for **(insert name of program)**.

I certify that:

- the program meets the definition of an approved postgraduate training program outlined in Board Rule 171.3 (a)(2) and (3);
- the applicant(s) listed on the attached PIT Applicant Submission Spreadsheet have been credentialed by the program to include verification of identity, and verification of medical school graduation;
- the applicants listed on the PIT Applicant Submission Spreadsheet have met all educational and character requirements established by the program and have been accepted into the program;
- the program has received a letter from the dean of each applicant's medical school which states that the applicant is scheduled to graduate from medical school before the date the applicant plans to begin postgraduate training, if the applicant has not yet graduated from medical school.

### Sample PIT Application Submission Spreadsheet

The screenshot shows a Microsoft Excel window titled "PIT Applicant Submission Spreadsheet-sample.xls". The spreadsheet contains the following data:

	A	B	C	D	E	F	G	H	I	J	K	L	M
	AOA or TSBME Program ID #	PIT Type	TSBME Personal ID #	First/Middle Name	Last Name	Suffix	Degree	SSN	ECFMG #	Training Program Start Date	Training Program Completion Date	Visa Letter Needed ?	
2	040-48-31-150	PIT		Jane Smothers	Thompson		MD	000-33-1111		7/1/2005	6/30/2008		
3	122-02-01-113	PIT		Dylan	Thomas	JR	MD	222-11-4444		7/15/2005	7/14/2009		
4	503-13-80-12	CP	893271	Madison Cassidy	Griffin		DO	989-98-9898		7/1/2005	6/30/2006		
5	503-12-12-45	ROT		Juan	de la Garza		MD		5448754	7/1/2005	6/30/2008	Yes	
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

A yellow tooltip box is overlaid on the spreadsheet with the following text:

**ACGME, AOA or TSBME Program ID #**  
 Enter the program ID number without dashes.  
 They will display after entry.