



# HARBOR-UCLA MEDICAL CENTER GME OFFICE

## Affiliating Physician Questionnaire (APQ)

**Instructions:** All sections of this form must be complete. Submit to your Coordinator at least 6 weeks prior to the start date of the rotation with all required documents (APQ, CV, medical school diploma, & applicable licenses). Rotating physicians onboarding process is available on the Harbor-UCLA website: <https://www.harbor-ucla.org/gme-resources/>. All rotating physicians must register with the GME Office by emailing required documents to [EVasquez@dhs.lacounty.gov](mailto:EVasquez@dhs.lacounty.gov). Questions may be referred via email.

### SECTION 1: AFFILIATE PHYSICIAN (Resident or Fellow) HOME INSTITUTION & PERSONAL INFORMATION

Affiliate Physician's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Pager #: \_\_\_\_\_

Email: \_\_\_\_\_ PGY level: \_\_\_\_\_ Check One:  Resident  Fellow

Your Home Address: \_\_\_\_\_  
Street Address City State Zip Code

NPI #: \_\_\_\_\_ Check One:  MD  DO  DDS

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical School: \_\_\_\_\_ Graduation Date (MM/DD/YY): \_\_\_\_\_

Your Hospital/Institution: \_\_\_\_\_

Your Department: \_\_\_\_\_ Your Training Program: \_\_\_\_\_

Your Program Director's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### SECTION 2: LICENSES & CERTIFICATIONS *Check here if not licensed →*

CA PTL/P&S/Dental License #: \_\_\_\_\_ Exp. Date (MM/DD/YY): \_\_\_\_\_ **Copy Required**

DEA License #: \_\_\_\_\_ Exp. Date (MM/DD/YY): \_\_\_\_\_ **Copy Required**

----- *If applicable* -----

Fluoroscopy Permit #: \_\_\_\_\_ Exp. Date (MM/DD/YY): \_\_\_\_\_ **Copy Required**

Board Cert. Specialty: \_\_\_\_\_ Status: \_\_\_\_\_ Initial: \_\_\_\_\_ Exp.: \_\_\_\_\_  
**Copy Required** (MM/DD/YY) (MM/DD/YY)

*For International Medical Graduates (IMG), a copy of the ECFMG Certificate must be submitted to the GME office to begin rotations at Harbor-UCLA.*

ECFMG Certificate #: \_\_\_\_\_ Date Issued (MM/DD/YY): \_\_\_\_\_ **Copy Required**

### SECTION 3: HARBOR-UCLA ROTATION INFORMATION

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

Harbor-UCLA Rotation Department/Service: \_\_\_\_\_ E/C#: \_\_\_\_\_

Harbor Service Rotation Dates: \_\_\_\_\_ to \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

Harbor Program Coordinator: \_\_\_\_\_ Phone #: \_\_\_\_\_

Affiliate Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR GME ADMINISTRATIVE USE ONLY

\_\_\_\_\_  
Symplr I.D. # Symplr Data Entry Date; Initials Confirmation Date (if late submittal)

HR & GME Log
Scan/File: S Drive & MedHub
Confirmation Email