AWAY ROTATIONS FOR RESIDENTS

I. Definition

1. Any UNSOM resident rotations at other institutions to meet the educational needs of the trainee.

2. It is the responsibility of the program director to communicate with the Graduate Medical Education Office to create an affiliation agreement or memorandum of understanding with the institution, and to ensure that accreditation standards including supervision, working hours and safety are followed.

3. The administrator/program director will report rotation assignments and revisions in writing to the Office of Graduate Medical Education on a timely basis.

II. Electives

1. UNSOM residents may, with the program director’s permission, participate in training programs outside of the affiliated hospital system. These assignments, when performed outside the system, are referred to as “electives.”

2. While it is within the program director’s discretion to allow electives, the appropriate justification should be to provide training experience not available in the UNSOM program in which the resident participates.

3. Residents must complete the appropriate paperwork, the Away Elective Application (see next two pages) and obtain the permission and signature of the program director. This paperwork must be submitted a minimum of 4-6 months prior to the time of the requested elective to allow time for processing and writing an affiliation agreement.

4. Program directors also must submit a request for the resident’s elective along with the program director’s recommendation to the Associate Dean for Graduate Medical Education for approval with documentation as to the dates and locations of the assignments.

5. Residents must be in good standing to participate in Away electives.

6. Program directors must ensure that appropriate evaluations are completed for residents on Away electives in order to give credit for the time spent away.

7. Away elective rotations may not exceed one month in length.

Revised 2/2010
Approved: Reno 2/2010; Las Vegas 3/2010
Residents and fellows must be in good standing to participate in off-site electives (a letter from the program director must be submitted to confirm). All correspondence will be communicated electronically through the “medicine account”. It is against UNSOM policy for a resident or fellow to rotate without a complete application on file and a signed affiliation agreement with the requested institution.

Instructions: Complete all listed items in Bold. Any information not completed will delay application approval. Please work with the Visiting Institution and your UNSOM Coordinator to complete the ALL items below.

Section 1: To be Completed by Resident or Coordinator (Type or print only)

Name: ___________________________ PGY: ____________

Mailing Address: ________________________________________________________________

Medicine Email: ___________________________ Cell Phone: ___________________________

Emergency Contact: ___________________________ Phone Number: ___________________________

Department: ________________________________________________________________

Medical School Name: __________________ Year of Graduation: ______ Type of Degree (MD, DO, MBBS): ____________

ECFMG Number: ___________________________ Date Issued: ____________

Nevada Medical License Number: ___________________________ Date of Expiration: ____________

Visa Type: ____________ Visa Number: ___________________________ Date of Expiration: ____________

OFF-SITE INSTITUTION INFORMATION – NO ABBREVIATIONS

- All off-site electives – This packet is due in the GME Office a minimum of 4 to 6 months before the start of a rotation.
- International off-site electives only – You will need additional malpractice coverage (at your own expense) for the entire time of the rotation, and proof of permit to practice or license to practice medicine in the requested country. Both pieces of documentation must be submitted to the GME Office prior to rotation.

Name of Rotation: ___________________________ Reason for Rotation: ___________________________

Institution Name: ________________________________________________________________

Address: ________________________________________________________________

City: __________________ State: __________ Zip Code: __________________

Off-site Institution GME Office Contact: ___________________________ Phone Number: ____________

Off-site Institution GME Office Contact Email: __________________

INTERNATIONAL ROTATION ONLY

Institution Name: ________________________________________________________________

Address: ________________________________________________________________
OFF-SITE ELECTIVE APPLICATION

Country City: ___________________________________________________ Country: ___________________________________________________

UNSOM Program Director: ________________________________________ Phone Number: _______________________

UNSOM Department Coordinator: _________________________________ Phone Number: _______________________

Department Coordinator’s Email: __________________________________

Off-site Institution GME Office Contact: ___________________________ Phone Number: _______________________

Off-site Institution GME Office Contact Email: ________________________________

NOTE: Submission of this application is not guaranteed approval. Final approval is granted only with a signed affiliation agreement. An evaluation must be completed and returned to your Department Coordinator before credit for the rotation is given. Any paperwork requested for completion by the visiting institution must be approved by the GME Office first.

Please check the box for Yes, No, N/A, or provide a comment. Provide a comment for No, or N/A responses.

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<th>Attached Items</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Comment</th>
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<td>Letter of Good Standing from UNSOM Program Director</td>
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<td>Proof of Acceptance by visiting institution</td>
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<td>Goals and Objectives from visiting institution</td>
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<td>Additional Malpractice coverage (International Only)</td>
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<td>Out of State License or Permit to Practice Medicine</td>
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RESIDENT AND COORDINATOR SIGNATURE

Resident Name: ____________________ Signature: ____________ Date: ____________

Coordinator Name: ____________________ Signature: ____________ Date: ____________

DEPARTMENT PROGRAM DIRECTOR

I verify that the resident is in good standing. I understand off-site electives are not reimbursable through our affiliates, however, the resident will continue to have salary and benefits paid in full by the department during the above off-site elective and that malpractice insurance will be in place to cover the resident’s activities provided such activities are in compliance with the Department, UNSOM, and visiting institutions guidelines.

☐ APPROVE ☐ DECLINE

Department Program Director: ____________________ Signature: ____________ Date: ____________

Associate Dean, Graduate Medical Education: ____________________ Signature: ____________ Date: ____________