



**GRADUATE MEDICAL EDUCATION
OFF-SITE ROTATION APPLICATION FORM**

MUST BE RETURNED TO GME OFFICE SIXTY (60) DAYS PRIOR TO THE START OF OFF-SITE ROTATION (120 DAYS PRIOR IF ANY AGREEMENTS OR CONTRACTS ARE REQUIRED)

Resident Name: _____ PGY Level: _____

Are you currently on a J-1 Visa? Yes No

If on a J-1 visa, please complete the ***ECFMG Required Notification of Off-Site Rotation/Elective***

Current USF Residency Program: _____

Off-Site Rotation START DATE: _____ END DATE: _____

PHYSICAL Location of Off-Site rotation:

Name _____

Address _____

City, State, Zip _____

Phone _____

Supervisor while at Rotation Site: _____

Nature of Rotation / Assignment: Patient Care Didactics/Education Research

For rotation that involves patient care, provide evidence that the appropriate out-of-state licensure has been obtained.

Attached

In Process

Not Applicable

***FINAL APPROVAL WILL NOT BE GRANTED UNTIL AFTER PROOF OF LICENSE IS PROVIDED

RESIDENT/FELLOW SIGNATURE: _____ Date: _____

PROGRAM: Please indicate how Off-Site Rotation is being funded:

Resident/Fellow taking Annual Leave (*Annual Leave only allowed for rotations less than 2 weeks and considered on a case-by-case basis. Trainee must also sign the waiver/release*)

Paid by Off-Site Location (*If checked, complete the New Rotation / Assignment Request Form*)

USF MCOM Program Funded

SIGNATURE OF PROGRAM DIRECTOR: _____ Date: _____



NOTE: Dates for off-site rotations must be entered into New Innovations as “off-site” rotation; not as an elective.

Return Completed, Signed Letter of Approval (with Attachments) to: Caroline Kuehling, Graduate Medical Education, via e-mail at ckuehling@usf.edu

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APPROVALS (GME Office Will Obtain):

DEPARTMENT/AFFILIATE APPROVAL:

SIGNATURE OF DEPT REPRESENTATIVE/AFFILIATE _____ Date: _____

DEPT REPRESENTATIVE/AFFILIATE NAME _____ Title: _____

PROGRAM LETTER OF AGREEMENT OR AFFILIATION AGREEMENT:

Current Program Letter of Agreement or Affiliation Agreement for location

Not required for off-site rotation

OFF-SITE ROTATION REQUEST REVIEWED BY GMEC:

YES NO NOT APPLICABLE

MALPRACTICE INSURANCE:

YES NO Covered under paid malpractice insurance; and is effective for the off-site location.

Note: International activities are only covered up to \$200,000 per claim / \$300,000 per occurrence. Physician bears responsibility over these amounts.

DIRECTOR, SELF INSURANCE PROGRAM: _____ Date: _____

SR. ASSOCIATE DEAN, GME: _____ Date: _____