

UNIVERSITY OF SOUTH FLORIDA
GRADUATE MEDICAL EDUCATION
NEW ROTATION/ASSIGNMENT REQUEST FORM

Instructions: Programs complete the top section of this form for requesting a new rotation or assignment. Request processing time is 6-8 weeks. Take that into consideration when planning future rotations.

Program Name: _____

Rotation/Assignment Name: _____

New Rotation OR Replacing an Existing Rotation

Nature of Rotation/Assignment:

Patient Care Didactics Research | Effective Start Date: ____ / ____ / ____

Explain % of time didactics and/or research, if applicable: _____

Description: _____

Training Physical Location (name and address): _____

PGY Level: _____ Funding Source FTEs: _____ Funding Source: _____

Will the residents be receiving credit towards Board Certification while on this rotation? Yes / No

SIGNATURE:

Program Director Name

Program Director Signature

Date

TO BE COMPLETED BY GME OFFICE

Select whether GME, IME or both are claimable for this rotation. GME IME

Is any other provider funding this program's residents at this training location? Yes / No

Provider: _____

GME Director Name

GME Director Signature

Date

Site/Funding Source Rep. Name

Site/Funding Source Rep. Signature

Date