

APPROVAL FORM FOR OFF-SITE ROTATIONS

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: _____, MD / DO PGY Level: _____

Current USF Residency Program: _____

PHYSICAL Location of Off-Site rotation:

(Name) _____

(Address) _____

(City, ST, Zip) _____

(Phone) _____

Supervisor while at Rotation Site: _____

START DATE: _____ END DATE: _____

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

RESIDENT/FELLOW SIGNATURE: _____

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

_____ Resident/Fellow taking unpaid Leave* _____ Paid By Off-Site Location**

_____ Resident/Fellow taking Annual Leave* _____ USF MCOM Program Funded

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

***If checked, complete the New Rotation / Assignment Request Form*

NOTE: *The cost of benefits (health, malpractice) for the Resident will be Department-funded for unpaid leave.*

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:
Brad Clark, Graduate Medical Education, via e-mail at bradclark@usf.edu**

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APPROVALS (GME Office Will Obtain):

DEPARTMENT REP/AFFILIATE (Signature): _____ Date: _____

Print Name: _____ Title: _____

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.*

YES NO Current Program Letter of Agreement (PLA) or Affiliation Agreement for location.

DIR., SELF INSURANCE PROGRAM: _____ Date: _____

SR. ASSOCIATE DEAN, GME: _____ Date: _____

Revised 12/12/2022