

APPROVAL FORM FOR OFF-SITE ROTATIONS

MUST BE RETURNED TO GME OFFICE THIRTY (30) DAYS PRIOR TO THE START OF OFF-SITE ROTATION

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** _____ Resident/Fellow taking Vacation

_____ Paid By Off-Site Location* _____ USF MCOM Program Funded**

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

*** If checked, Department Rep/Affiliate must be included*

NOTE: The cost of benefits (health, malpractice) for the Resident will be Department-funded, with each program having the option to charge the individual resident for his/her pro-rated benefit costs while on an off-site rotation.

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:
Linda Snell, Graduate Medical Education, MDC Box 41 or linda4@usf.edu**

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APPROVALS (GME Office Will Obtain):

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

Print Name: _____ Title: _____

GME DIRECTOR: _____ Date: _____

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.

DIR., SELF INSURANCE PROGRAM: _____ Date: _____

SR. ASSOCIATE DEAN, GME: _____ Date: _____