

## 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*

*\*\*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:  
Janette "JC" Cortez, Graduate Medical Education, via e-mail at [janettecortez@usf.edu](mailto:janettecortez@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: \_\_\_\_\_