



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 Observership

For rotations involving patient care, provide evidence of appropriate out-of-state or international licensure. If additional licensure is not required or not applicable, the program must attach written confirmation from the rotation supervisor verifying that no additional licensure is required.

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:

Covered by USF SIP and effective for this off-site rotation.

International activity covered by USF SIP only up to \$200,000 per claim / \$300,000 per occurrence. Physician bears responsibility over these amounts.

Volunteer activity covered by USF SIP only up to \$200,000 per claim / \$300,000 per occurrence. Physician bears responsibility over these amounts.

DIRECTOR, SELF INSURANCE PROGRAM: _____ Date: _____

DIRECTOR, GME: _____ DATE: _____

SR. ASSOCIATE DEAN, GME: _____ Date: _____