Out-Rotation Application and Agreement for Domestic and International Elective Rotations – Checklist

Residents and Fellows requesting out-rotations must complete the following checklist at least eight (8) weeks prior to the start of the requested rotation. Completing these actions can be a lengthy process, hence the 8-week lead time.

- ☐ Obtain preliminary approval for the rotation from your Program Director.
- ☐ If granted approval from Program Director, contact the Supervisory Physician, Program Administrator, or Program Director at the out-rotation site to determine the availability of the rotation.
- ☐ Complete the out-rotation Application and present it to your Program Director for approval and signature. Pre-fill your Program Director's and the DIO's printed names at the bottom.
- ☐ Submit the signed application to the DIO for review and approval.
- ☐ If the DIO approves the rotation, initiate the out-rotation Agreement with the out-rotation site.
- ☐ Obtain a copy of medical malpractice coverage from the Carilion Risk Management Department.
- ☐ If the out-rotation is located at the facility or site outside the Commonwealth of Virginia, you will probably have to obtain an active license prior to the start of the rotation for the state where the out-rotation will take place. The Resident or Fellow will incur any and all costs for obtaining the license.

For international rotations, there are additional requirements the Resident or Fellow will be responsible for completing. These include:

- ☐ The Resident/Fellow must purchase and provide the GME Office with evidence of appropriate travel and evacuation insurance prior to receiving GME approval.
- ☐ The Resident/Fellow must be seen in the Carilion Travel Clinic prior to the planned trip to receive the appropriate immunizations and travel advice. Proof of this appointment must be provided to the program and prior to receiving GME approval for the out-rotation. (See attached Travel Clinic Letter).

You may complete the application and agreement online and print them for signature, or you may print the documents and complete them by hand – please write legibly.

Applications missing documentation and applications that do not provide eight (8) weeks lead time will not be processed.

- ☐ Once the application and agreement are completed in entirety (including section 3 and 4 of the agreement), send a copy of your entire packet along with supporting documents (checklist, goals and objectives, malpractice coverage memo, and if appropriate, medical licensure, travel insurance, and travel clinic letter) to the GME Office.

Please reference the Out-Rotation Policy located at: https://carilionclinic.org/graduate-medical-education#policies-and-forms

Resident/Fellow Name:_____

Date submitted to GME for approval:_____

CARILION CLINIC | VTC School of Medicine

Graduate Medical Education

Resident Out-Rotation Application

Interns, residents, and fellows requesting Out-Rotations must follow the procedure identified in the Carilion Clinic Out-Rotation Policy (summarized in the cover letter of this application). The term "resident" as used below means intern, resident, or fellow. The completed application must be submitted to the DIO with sufficient time to initiate the Agreement process **at least 8 weeks prior** to the start of the requested rotation.

Section 1: *To be completed by the Carilion Clinic Resident Applicant.* **PLEASE COMPLETE ONLINE OR PRINT LEGIBLY**.

Name (First, Middle, Last) | Mobile Number | Current Program | PGY

Out-Rotation Requested | Dates (MM/DD/YYYY to MM/DD/YYYY)

Name of Out-Rotation Site | Street, City, State, Zip

Supervising Physician at Out-Rotation Site | Title/Role | Contact Phone Number | Official Email Address

Rationale for requesting the Out-Rotation (choose all that apply)

- ☐ To meet a program standard not currently being met at Carilion Clinic or an affiliate site
- ☐ To obtain clinical experience not provided at Carilion Clinic or an affiliate
- ☐ To audition for an advanced postgraduate training program position
- ☐ Other (please describe):

Educational Goals of Out-Rotation:

Specific Educational Goals:

1.
2.
3.
4.

Yes ☐ No ☐ The supervising physician and Out-Rotation facility agreed to accept the rotation dates as identified above

Yes ☐ No ☐ I will be required to obtain a license for the state other than Virginia to participate in this rotation

Resident/Fellow Signature | Date (MM/DD/YYYY)

Printed Name of Carilion Clinic Program Director | Signature | Date (MM/DD/YYYY)

Printed Name of Carilion Clinic DIO | Signature | Date (MM/DD/YYYY)

Notes: