

AWAY ROTATIONS FOR RESIDENTS

I. Introduction

1. Any UNLV-SOM resident rotations at other institutions to meet the educational needs of the trainee are away rotations.
2. It is the responsibility of the program director to communicate with the Graduate Medical Education Office to create an affiliation agreement or memorandum of understanding with the institution, and to ensure that accreditation standards including supervision, working hours and safety are followed.
3. The administrator/program director will report rotation assignments and revisions in writing to the Office of Graduate Medical Education on a timely basis.

II. Policy

1. UNLV-SOM residents may, with the program director's permission, participate in training programs outside of the affiliated hospital system. These assignments, when performed outside the system, are referred to as "electives."
2. While it is within the program director's discretion to allow electives, the appropriate justification should be to provide training experience not available in the UNLV-SOM program in which the resident participates.
3. Residents must complete the appropriate paperwork, the Away Elective Application (see next two pages) and obtain the permission and signature of the program director. This paperwork must be submitted a minimum of 4-6 months prior to the time of the requested elective to allow time for processing and writing an affiliation agreement.
4. Program directors also must submit a request for the resident's elective along with the program director's recommendation to the Associate Dean for Graduate Medical Education for approval with documentation as to the dates and locations of the assignments including goals and objectives. It is important that the goals and objectives match the rotation that is going to be done at the away site.
5. Residents must be in good standing to participate in away electives.
6. Program directors must ensure that appropriate evaluations are completed for residents on away electives in order to give credit for the time spent away.
7. Away elective rotations may not exceed one month in length.

Approved by GMEC April 2017

OFF-SITE ELECTIVE APPLICATION

Residents and fellows must be in good standing to participate in off-site electives (a letter from the program director must be submitted to confirm). All correspondence will be communicated electronically through the "UNLV.edu account". It is against UNLV-SOM policy for a resident or fellow to rotate without a complete application on file and a signed affiliation agreement with the requested institution.

Instructions: Complete all listed items in **Bold**. Any information not completed will delay application approval. Please work with the Visiting Institution and your UNSOM Coordinator to complete the **ALL** items below.

Section 1: To be Completed by Resident or Coordinator (Type or print only)

Name: _____ PGY: _____

Mailing Address: _____

Medicine Email: _____ Cell Phone: _____

Emergency Contact: _____ Phone Number: _____

Department: _____

Medical School Name: _____ Year of Graduation: _____ Type of Degree (MD, DO, MBBS): _____

ECFMG Number: _____ Date Issued: _____

Nevada Medical License Number: _____ Date of Expiration: _____

Visa Type: _____ Visa Number: _____ Date of Expiration: _____

OFF-SITE INSTITUTION INFORMATION – NO ABBREVIATIONS

- All off-site electives – This packet is due in the GME Office a minimum of **4 to 6 months** before the start of a rotation.
- International off-site electives only** – You will need **additional malpractice coverage** (at your own expense) for the entire time of the rotation, and proof of permit to practice or license to practice medicine in the requested country. Both pieces of documentation must be submitted to the GME Office prior to rotation.

Name of Rotation: _____ Reason for Rotation: _____

Institution Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Off-site Institution GME Office Contact: _____ Phone Number: _____

Off-site Institution GME Office Contact Email: _____

INTERNATIONAL ROTATION ONLY

OFF-SITE ELECTIVE APPLICATION

Institution Name: _____

Address: _____

OFF-SITE ELECTIVE APPLICATION

Country City: _____ Country: _____

UNLV-SOM Program Director: _____ Phone Number: _____

UNLV-SOM Department Coordinator: _____ Phone Number: _____

Department Coordinator's Email: _____

Off-site Institution GME Office Contact: _____ Phone Number: _____

Off-site Institution GME Office Contact Email: _____

NOTE: *Submission of this application is not guaranteed approval. Final approval is granted only with a signed affiliation agreement. An evaluation must be completed and returned to your Department Coordinator before credit for the rotation is given. Any paperwork requested for completion by the visiting institution must be approved by the GME Office first.*

Please check the box for Yes, No, N/A, or provide a comment. Provide a comment for No, or N/A responses.

Attached Items	YES	NO	N/A	Comment
Letter of Good Standing from UNLV-SOM Program Director				
Proof of Acceptance by visiting institution				
Goals and Objectives from visiting institution				
Additional Malpractice coverage (International Only)				
Out of State License or Permit to Practice Medicine				

RESIDENT AND COORDINATOR SIGNATURE

Resident Name _____ Signature _____ Date _____

Coordinator Name _____ Signature _____ Date _____

DEPARTMENT PROGRAM DIRECTOR

I verify that the resident is in good standing. I understand off-site electives are not reimbursable through our affiliates, however, the resident will continue to have salary and benefits paid in full **by the department** during the above off-site elective and that malpractice insurance will be in place to cover the resident's activities provided such activities are in compliance with the Department, UNLV-SOM, and visiting institutions guidelines.

APPROVE DECLINE

Department Program Director _____ Signature _____ Date _____

Senior Associate Dean, Graduate Medical Education _____ Signature _____ Date _____