

# Graduate Medical Education Agreement Request Form

Date: \_\_\_\_\_

## Agreement Information

Please select one of the following:

- Existing Residency Affiliation                       Existing Fellowship Affiliation  
 New Residency Affiliation                               New Fellowship Affiliation

## Program Information

- Program Agreement    Individual Agreement

Program Requesting Agreement: \_\_\_\_\_

Title of Educational Experience: \_\_\_\_\_

Individual Name (blank if program agreement): \_\_\_\_\_

Justification for Agreement: \_\_\_\_\_

Program Director: \_\_\_\_\_                      Program Coordinator: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_                      Rotation Dates: \_\_\_\_\_

## Affiliate Information

- Local Affiliate                       Out of State Affiliate                       International Affiliate

Affiliate Name: \_\_\_\_\_

Affiliate Address: \_\_\_\_\_

Site Rotation Supervisor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_                      Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

## Attachments and Approvals

- Goals and Objectives attached in Word doc format

Approved by:

\_\_\_\_\_  
Miriam Bar-on, MD                      Date                      or                      \_\_\_\_\_  
Senior Associate Dean of GME                      Director of GME                      Date