



Off-Campus Elective Rotation Request and Authorization (Form)

(Submit to DIO via Medical Education’s Administrative Director, Resident/Student Services)

<i>Date of Request</i>	
<i>Resident/fellow Name</i>	
<i>Resident/fellow e-mail address:</i>	
<i>Name of Residency program</i>	
<i>Location of offsite request</i>	
<i>Start and End Dates</i>	

If this is international elective rotation requests see additional information and additional form to be completed and submitted with this request.

In accordance with the Palmetto Health Graduate Medical Education (GME) “Off-Campus Elective Rotations” policy, this is to request written approval to participate in the off-campus elective rotation noted above.

Include with initial request 6 months in advance of requested rotation:

	A written justification of the educational need and or unique opportunity of the proposed rotation is attached for your review and approval.
	The educational goals and objectives, in detail, of the rotation are attached for your review and approval.
	A description of whom and how the resident/fellow’s activities will be supervised and the qualifications of the supervisor are attached for your review and approval.
	A description of how the resident/fellow will be evaluated is attached for your review and approval.

Program Director :	Rotation meets RRC requirements for credit: (circle) YES NO
Program Director Signature and date:	Request meets PH GME policy TENTATIVE Approval (Circle One) Approved Not Approved

Submit this page to GME office as soon as above items/tentative approval obtained (6 months in advance of rotation)



Date Received in GME Office: _____ GME Office Staff Initial: _____

TENTATIVE Approval (Circle One) Approved Not Approved

Katherine G. Stephens, PhD, MBA, FACHE
System Vice President, Medical Education & Research and DIO
Date: _____



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Resident/fellow's Name: _____

At least 45 days in advance of the requested rotation submit:

	Executed letter of agreement
	Confirmation malpractice coverage copy
	Confirmation medical licensure for out-of-state copy.
	Copy of any required application from this elective site.

Date Received in GME Office: _____ GME Office Staff Initial: _____

FINAL Approval (Circle One) Approved Not Approved

Katherine G. Stephens, PhD, MBA, FACHE
System Vice President, Medical Education & Research and DIO
Date: _____



One week prior to this elective rotation resident/fellow must obtain Medical Records clearance and submit to Director of Operations GME Office, Medical Education
(Failure to complete clearance will void final approval)

*HEALTH INFORMATION MANAGEMENT (MEDICAL RECORDS)
PALMETTO HEALTH Richland , 2nd Floor*

RESIDENT/FELLOW'S NAME: _____

All (Clinic or In-House) medical charts and other records (have / have not) been completed through (date)_____.

Authorized Signature *Date*

All Outpatient Centers' medical charts (have / have not) been completed through (date)_____.

Authorized Signature *Date*

Date Received in GME Office: _____ GME Office Staff Initial: _____

Reviewed 2/10/15



Off-Campus Elective Rotation Request and Authorization (Form)

Resident/Fellow's Name: _____ Date: _____

International Elective Rotation to (name of country) _____

Please initial each statement:

____ I have verified this country is not on the U.S. State Department "Travel Warning"

____ I understand that I must obtain international insurance to cover Emergency Medical Evacuation, Security Extraction, travel assistance, Repatriation of Remains and Personal effects in addition to the standard Accidental Death and Dismemberment coverage.

____ I understand that I am responsible for obtaining travel immunizations, medications, visas, passports and other administrative travel requirements.

____ I will provide the Program Coordinator with an emergency contact in the U.S. and a means to contact me while I am out of the country.

____ I understand that trip related expenses are my responsibility.

____ I am attaching documentation that describes the requirement/no requirement for Medical Licensure for visiting U.S. Physicians to this country.

____ I understand that if this country requires medical licensure, I will have obtained and provided a copy of such license to the GME office prior to my travel.