

NEWYORK-PRESBYTERIAN HOSPITAL GRADUATE MEDICAL EDUCATION

Request for a New Out-Rotation

Date: *(the date the form is emailed to the GME office)*

Person completing this form: _____ Contact #: _____

This form may be used for an Out-rotation request and should be emailed to the GME office at least 30 days before the start date of the rotation (90 days for international and/or long term recurring rotations).

Please email all requests to GME Data at your respective campuses: GMEDATA-Cornell@nyp.org or GMEDATA-Columbia@nyp.org.

1. **Program Name/Service:** *(The name of the NYPH ACGME accredited program)*
2. **Program Director:** *(The name of the NYPH ACGME accredited program director)*
3. **Resident Name:** *(The name of the resident participating in the rotation) Note: If the request is for more than one resident/fellow or if you are requesting an ongoing/recurring rotation, you can leave this blank or use "N/A" as your response.*
4. **Name of Participating Institution** *(institution receiving the resident): If this is an international rotation, please include the name of the country outside of the United States.*
5. **Description of New Rotation:**

What are the goals and objectives of this rotation? Identify goals and objectives based on the ACGME core competencies: - Patient Care; Medical Knowledge; Practice-based Learning & Improvement; Interpersonal & Communication Skills; Professionalism, and Systems-based Practice (use additional pages if necessary). *(You can use this space to respond or you may attach a separate document identifying core competencies which will be addressed during this rotation).*

6. **If this is an away elective, can this requirement be filled at NYPH?**

Yes No **If no, please explain:**

Please do not leave blank. You must expand on your response.

7. **How, and by whom will the resident be evaluated at the completion of the rotation?** *Please respond with the method of evaluation and the name and position of the evaluator. The evaluator must be a licensed physician.*
8. **How many residents/fellows will be participating in this rotation?**
9. **Is this a one-time, one resident/fellow, non-recurring rotation?** Yes No
10. **For one-time non-recurring rotations, please provide the resident's PGY level, and the exact dates of the rotation.** *(Example: PGY2, December 1 to December 31, 2013). For rotations that will be on-going/recurring, you may use "N/A" as your response.*
11. **Is this a required rotation for the program?** Yes No
12. **If this is a request for an international out-rotation, I, the Program Director, attest that I have reviewed the Away Elective Guidelines available at <http://inonet.nyp.org/GME/Policies/AWAY-ELECTIVE-PROTOCOL.pdf> and provided the resident/fellow with a copy. We have discussed these guidelines and recommendations together and all concerns have been addressed.**

Yes N/A – this is a domestic request

13. Proposed Financial Resources: *(Please provide a response. Do not leave blank).*

- Funding source for salary/fringe: *(the name of the institution that is paying the resident(s) salary and fringe benefits)*
- Funding and/or provision of malpractice insurance: *(the name of the institution that is providing insurance coverage)*
- Reimbursement agreement with the participating institution: : *(Explain any arrangements for reimbursement. If no arrangements, respond with "No" or "N/A.")*

Rotation Request Approved by:

_____ **Program Director**

(Must be ACGME accredited)

Date Reviewed by GMEC (if long-term or international):

Date Reviewed by GME Office:

Comments:

Note to Programs: *If this request is approved, a PLA or Rotation Rider agreement between the two institutions must be provided and signed by designees from each institution. The GME office handles the processing of all rotation requests and agreements.*

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