

NEWYORK-PRESBYTERIAN HOSPITAL GRADUATE MEDICAL EDUCATION

Request for a New Out-Rotation

Date: _____

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 (60 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:**

2. **Program Director:**

3. **Resident Name:**

4. **Name of Participating Institution (institution receiving the resident):**

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).

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

Yes No If no, please explain:

7. **How, and by whom will the resident be evaluated at the completion of the rotation?**

8. **How many residents / FTE's will be participating in this rotation?**

9. **Is this a permanent rotation (long-term recurring) or a one time non-recurring rotation?**

10. **For one-time non-recurring rotations, please provide the resident's PGY level, and the exact dates of the rotation.**

11. **Is this a required rotation for the program?**

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 on the GME intranet page) 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:

- Funding source for salary/fringe:
- Funding and/or provision of malpractice insurance:
- Reimbursement agreement with the participating institution:

Rotation Request Approved by:

Program Director**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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