

University at Buffalo
Office of Graduate Medical Education
Program Director Request for Approval of
Resident Offsite Rotation

The purpose of an Offsite Rotation is to meet mandated training requirements that cannot be satisfied within UB affiliated teaching hospitals. The Program Director is ultimately responsible for the ability of the program to meet accrediting body and/or RRC requirements within UB affiliated hospitals whenever possible.

In the event that training requirements cannot be satisfied within these hospitals, the Program Director may request approval of an Offsite Rotation by completing this form and attaching all required documentation as indicated. As with all resident rotations, clear goals and objectives must be in place and residents must receive mid-point performance feedback and a final written evaluation.

Requests must be submitted to the Office of Graduate Medical Education at least three (3) months prior to the anticipated start date of the rotation(s).

Requesting Program: _____

1. Name and primary address of requested Offsite Rotation ("Host") (list additional addresses on a separate sheet):

Host Site Name: _____

Host Site Address 1: _____

Host Site Address 2: _____

Host City, State, Zip: _____

Is this a UB Practice Plan site? Yes No

Is this rotation moving from a hospital based clinic? Yes No

If yes, attach a letter of support from the relevant hospital Chief Medical Officer and University Department Chair.

Name and title of Site Supervisor: _____

Length and frequency of rotation(s): _____

Is this a required or elective rotation? Required Elective

2. The Program Director is responsible for maintaining clear Goals and Objectives for all rotations and communicating them to the resident(s) and site supervisor(s).

Are Goals and Objectives on file and have they been clearly communicated to both the resident(s) and site supervisor(s). Yes No

3. Will this rotation take place outside the Western New York area and/or at another teaching hospital? Yes No

If Yes, attach the following supporting documentation:

- a. Statement of Support from Program Director including:
i. Educational need/value to the program and UB affiliated hospitals

- ii. Relevant RRC or accrediting body requirements
 - iii. Plans for educating UB residents and faculty about the experience and lessons learned
 - iv. Source(s) of financial support for institutional and resident expenses
 - v. If a research rotation, summary of research objectives, whether basic science or clinical, and justification for travel
- b. Letter of support from Chief Medical Officer of UB affiliated teaching hospital(s) providing resident(s) compensation acknowledging:
- i. Continued financial support for resident compensation;
 - ii. Loss of right to claim resident rotation(s) for reimbursement
 - iii. Continued support for resident professional liability insurance if not provided by receiving site/hospital
- c. Statement from Host Site Official acknowledging:
- i. Provision of professional liability insurance for UB resident(s)
 - ii. Goals and Objectives for rotation
 - iii. Confirmation of appropriate evaluation procedures
 - iv. All other relevant information
- d. Statement from UB Department Chair outlining how costs related to the rotation (i.e., resident travel and lodging expenses) will be funded and acknowledging compliance with accrediting body (ACGME, AOA, CODA) requirements. If funding is to be provided by other than Department funds, include acknowledgement from funding source(s).
- e. All agreements requested by the Host Site must be submitted to the UB Office of GME for review and approval **prior** to acceptance
4. Will this rotation take place outside the United States? Yes No

If Yes, attach the following supporting documentation:

- a. Statement of Support from Program Director including:
- i. Educational need / value of the rotation to the program and UB affiliated hospitals
 - ii. RRC or accrediting body requirements to be met
 - iii. Plans for educating UB residents and faculty about the international experience and lessons learned
 - iv. Source(s) of financial support for institutional and resident expenses
 - v. If a research rotation, summary of research objectives, whether basic science or clinical, and justification for travel
- b. Letter of support from Chief Medical Officer of UB affiliated teaching hospital(s) providing salary support for resident(s) acknowledging:
- i. Continued financial support for resident compensation;
 - ii. Loss of right to claim resident rotation(s) for reimbursement
 - iii. Continued support for resident professional liability insurance if not provided by receiving site/hospital
- c. Statement from Host Site Official acknowledging:
- i. Provision of professional liability insurance for UB resident(s)
 - ii. Goals and Objectives for rotation
 - iii. Confirmation of appropriate evaluation procedures
 - iv. All other relevant information
- d. Statement from UB Department Chair outlining how costs related to the rotation (i.e., resident travel and lodging expenses) will be funded and acknowledging compliance with

accrediting body (ACGME, AOA, CODA) requirements. If funding is to be provided by other than Department funds, include acknowledgement from funding source(s).

- e. All agreements requested by the Host Site must be submitted to the UB Office of GME for review and approval **prior** to acceptance

Upon approval of an offsite rotation, you may need to execute an ACGME required Program Letter of Agreement (PLA). Visit the GME website <http://wings.buffalo.edu/smbs/GME/>

- Top Menu: Directors/Administrators –
- Choose: Forms
- Scroll down to the PLA section for Directions, Requirements and Templates