GWU OFFICE OF GME - ELECTIVE ROTATION FORM

(Rev. 08/2018)

NOTE: Medicare regulations require the GME Office to provide detailed and accurate information on resident rotations, including electives. This form and required documentation must be submitted to the GME Office by the Residency Coordinator no later than 90 days prior to the beginning of the elective rotation. Forms submitted later than 90 days prior to the rotation will not be processed.

Name: ______________________________ PGY Level: ____ Email Address: ______________________

GW Program: ____________________________________Time Period: ____________________

To Be Completed by Resident/Fellow

Description:____

**Required Documentation: Educational rationale and Goals & Objectives for the rotation must be attached.

Is this elective study taking place at GW? Yes ☐ No ☐

Name & Address of Host Institution: ____

Name of Contact Person (administrator) at host institution:______________________________

Phone: __________________________ Email address of Contact Person: ______________________________

____ _________________

Resident/Fellow Signature Date

To Be Completed by Program Director

I certify that I approve this elective and that the resident requesting this elective rotation is in good standing in the program. I have reviewed and approved the attached educational rationale and goals & objectives.

Approved by: __________________________________ Date:_______________

(Program Director)

To Be Completed by Residency Coordinator

Is malpractice coverage required by the host institution? Yes ☐ No ☐

Does the host institution require a Program Letter of Agreement (PLA)? Yes ☐ No ☐

Name/title of physician site director at the host institution who has agreed to oversee education, supervision, duty hours and evaluation of the resident. This physician will be listed on the PLA as the site director.

Site Director ____

I certify that the above information is complete and accurate. I have contacted the host institution to determine if malpractice coverage and/or a PLA is needed. I have attached the PLA, and I have emailed the PLA (Word document) to the GME Director. I am submitting this form 90 days prior to the beginning of the rotation.

Signed: __________________________________ Date: __________________________

(Residency Coordinator)

For GME/MFA Approval

GME Approval:__________________________________ Date:_______________

(Harold A. Frazier II, MD) ***Dr. Frazier's signature is required for an away elective.*

MFA Approval: __________________________________ Date: ________________

(Anton Sidawy, MD) **Dr. Sidawy's signature is required for approval of malpractice coverage.*