

THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
OFFICE OF GRADUATE MEDICAL EDUCATION

**REQUEST FOR ELECTIVE ROTATION
OUTSIDE OF TRAINING PROGRAM'S STANDARD ROTATIONS
(RESIDENTS AND CLINICAL FELLOWS)**

This form should be completed for each outside (away from primary training hospital) elective rotation which is not part of the training program's standard rotations.

The completed form must be signed by the resident/clinical fellow, the JHU Program Director, and the representatives at the Host Institution, and sent with the required documentation to GMEOffice@jhmi.edu for final approval by the DIO.

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|---|-------|--|-----|
| Host Institution: (Name and full mailing address of location plus name and email address of contact person) | | | |
| Specialty Rotation at Host Institution: | | | |
| Preceptor at Host Institution: | | | |
| Period of Rotation: (Specific dates-mm/dd/yy) | From: | | To: |

| | | | |
|---|--|--|--|
| Name of Hopkins Fellow/House Officer: | | | |
| Johns Hopkins Department: | | | |
| Johns Hopkins Program Director: | | | |
| Year in Johns Hopkins Training Program: | | | |

Required Documentation - this request will not be approved without the following:

_____ Attach a copy of the competency-based goals and objectives for this rotation.

_____ For out-of-state rotations, provide evidence that the appropriate out-of-state licensure has been obtained.

Indicate the responsible institution for the following:

1. Professional liability insurance (Minimum requirements: \$1 Million per incident/\$3 Million aggregate): will be provided by: _____Johns Hopkins _____Host Institution

* If provided by Johns Hopkins, Certificate of Insurance shall be sent to: (provide mailing address, e-mail and phone number)

2. Salary and Fringe Benefit Payments to be made by: _____Johns Hopkins _____Host Institution

3. Reimbursements

_____There are no reimbursements to be made.

_____There is an agreement for reimbursement to be made between institutions; please attach a copy of the reimbursement agreement.

4. Host Institution Responsibilities for Rotation:

- a. Host Institution recognizes that the Program Director of the Johns Hopkins Training Program has the responsibility for the overall administration of the Training Program for the resident/clinical fellow.
- b. The Host Institution Preceptor will evaluate the resident/clinical fellow upon completion of the rotation.
- c. The Host Institution will distribute to the resident/clinical fellow copies of Host Institution's policies, rules and regulations that will be applicable to the resident/clinical fellow.
- d. The Host Institution Preceptor will be responsible for coordinating and administering the rotation and will report all issues relating to the resident/clinical fellow to the Johns Hopkins Training Program Director.

- e. The Host Institution will provide to the resident/clinical fellow the equipment, resources, facilities and professional/technical/clerical personnel necessary for the rotation.
- f. Any removal or discipline of the resident/clinical fellow by the Host Institution will be discussed with the Johns Hopkins Training Program Director prior to action; provided, however, Host Institution may take action when, in its opinion, the resident/clinical fellow pose an imminent threat to patient safety or welfare.
- g. If the Host Institution is subject to accreditation by the Joint Commission or any other applicable accrediting agency, the Host Institution shall maintain such accreditation.
- h. Pursuant to Section 952 of the Omnibus Reconciliation Act of 1980, Public Law No. 96-499 (the "Act"), the parties agree as follows: until the expiration of four years after the furnishing of the services provided under this Request, the parties will make available to the Secretary, U.S. Department of Health and Human Services, the U.S. Comptroller General, and their representatives, this Request and all books, documents, and records necessary to certify the nature and extent of the costs of those services. If a party carries out the duties of this Request through a subcontract worth \$10,000 or more over a 12-month period with a related organization as defined in the Act, the subcontract will also contain an access clause to permit access by the Secretary, Comptroller General, and their representatives to the related organization's books and records.

6. Miscellaneous.

- a. This Request shall be governed and construed according to the laws of the State of Maryland.
- b. It is expressly understood that the parties hereto are independent contractors.

Date _____
Signature – Resident/Clinical Fellow

THE JOHNS HOPKINS UNIVERSITY

Date _____
Signature – Training Program Director

(Print Name)

Date _____
Signature - Associate Dean for Graduate Medical
Education and DIO
Jessica L. Bienstock, MD, MPH

HOST INSTITUTION

Date _____
Signature – Preceptor at Host Institution

(Print Name)

Date _____
Signature – Official at Host Institution

(Print Name and Title)