APPLICATION FOR ELECTIVE ROTATION AT OTHER FACILITIES
OFFICE OF GRADUATE MEDICAL EDUCATION

All UTHSC Residents and Fellows that do an away elective rotation must fill out this application and submit the following documents. Residents are responsible for all travel costs including housing and parking.

REQUIRED ATTACHMENTS: Turn in to the GME Office at least 30 days prior to rotation.

- Letter of invitation from the host institution - This is personalized to the specific Resident and should confirm that there will be on-site supervision for the entire duration of elective and identify this individual. It should also confirm that this on-site professional will be able to provide an evaluation of the Resident’s performance.
- Copy of signed Program Letter of Agreement - The home program must secure a Program Letter of Agreement with the host institution. This should detail goals and objectives of the rotation. These goals must supplement the curriculum offered by home program. The host site must accept responsibility for supervision of the Resident and adherence with ACGME guidelines on duty hours.

ADDITIONAL ATTACHMENTS FOR INTERNATIONAL AWAY ROTATIONS ONLY

- A letter of good standing from the resident/fellow(s) current program director. This letter must include dates of the rotation, the institution/facility of the rotation, the institution/facility location of the rotation, supervising faculty, and that the rotation is within the educational scope of the resident/fellows(s) training.
- AMBS Member Board Approval - Program Directors must ensure that the International Elective will be counted toward residency/fellowship training months required by the specialty board requirements for certification. GME requires that for International Electives, the Program Director shall provide written approval from the appropriate specialty board.
  ❖ Note: All resident/fellow(s) rotating outside the country must turn in their documents 60 days prior to the start of the rotation. Additional approval is required by the UT System Office in Austin. This approval is obtained by the GME office on your behalf once all your completed documents are obtained.

To be completed by resident applying for elective:

Host Institution at which you will be on rotation: ________________________________________________

Address of the facility: ______________________________________________________________________

Training Program/Specialty in which you will be on rotation: _______________________________________

Inclusive dates for the rotation: Start: ___________________  End: _______________________________

Resident Name:  ____________________________________________________________________________

Last       First     Middle

Home Mailing Address:

Street       City       State       Zip Code

Citizenship Status:  US Citizen   Permanent Resident   VISA – Type: ____________

I certify that the above information is accurate. I understand that parking at the hospitals and any housing costs that I may incur are my responsibility. The University of Texas will not supply either during my stay. I understand that unless my department elects to pay my salary during this elective, I will be placed on a leave of absence without pay for the duration of the elective.

Resident Signature __________________________  Date __________________________
To be completed by the UTHMS Program Director of the Residency Program:

Program Name: _____________________________ Specialty: _________________________________ Current PGY ___

Program Director Approval: ________________________________________________________________

Print Name    Signature

The above named resident:   (Circle Appropriate Response)
Is in good standing in our program                        Yes  No
Is approved to rotate at above facility                   Yes  No
Does the program elect to pay the resident’s stipend during the rotation?     Yes  No
Program has notified the Worker’s Compensation Office about away elective? Yes  No

Note: If the Program elects to cover the stipend, it will be paid out as a mid-month supplement.

You must supply a chart string current in New Innovations to be billed:

NI CFS: _________________________________________________________________________

Program is required to cover the malpractice premium and all other benefits.
You must supply a chart string current in New Innovations to be billed:

NI CFS: _________________________________________________________________________

If the resident is traveling outside of the country then the Resident must register with the International SOS Insurance for Travelers on University Business website at http://www.uth.edu/travel/international/sos.htm. You must have the office confirm that you have registered. You may attached screen shot from website or have their representative sign below to confirm your enrollment. The office is located at 7779 Knight Rd, REC-116 Houston, TX 77054

SOS/Auxiliary Representative: __________________________________________________________

Date SOS registration confirmed: _______________________________________________________

The Resident must also apply for travel permission from Office of Global Health Initiatives. Please visit their site for process and required forms: https://inside.uthouston.edu/travel-exemption/ You must attach copy of approval.

Global Health Representative: __________________________________________________________

Date Global Health Approval confirmed: _________________________________________________
Visa and EAD Card Holders
Must get permission from the Office of International Affairs

The resident described on this application is approved to complete an away elective rotation outside of the University of Texas Health Science Center at Houston Medical School.

International Advisor: _______________________________________________________

Date Clearance Received: ________________________________________________

UT Graduate Medical Education Approval

____________________________________  ___________________________________
GME Coordinator      Date Approved