

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

All UTHealth 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/email 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

Program is required to cover all benefits. If you elect to pay the stipend also this will also be charged at the same time to the same source. 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 <https://inside.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://www.uth.edu/global-health/> 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 McGovern Medical School.

International Advisor: _____

Date Clearance Received: _____

UT Graduate Medical Education Approval

GME Coordinator

Date Approved