


<b>Name of Policy:</b> Graduate Medical Education: <b>Employment of Resident Physicians  Under Contract to Another Program</b>  <b>Policy Number:</b> 3364-86-017-00  <b>Approving Officer:</b> Dean, College of Medicine and Life Sciences  <b>Responsible Agent:</b> Director, Graduate Medical Education  <b>Scope:</b> UT College of Medicine Residents	  <b>Revised date:</b> 08/05/08  <b>Original effective date:</b> 10/1997
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy

POLICY

The Sponsoring Institution must ensure that its ACGME-accredited programs select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. A letter of acceptance or offer of employment or contract shall not be made to any resident physician under contract to any program prior to receipt of formal release and letter of performance from the current Program Director.

PURPOSE

To function ethically within the residency program community.

PROCEDURE

When a residency program is contacted by a resident under contract from a different residency program, no offer of employment will be made until the resident is released or has documentation of future release. The letter/documentation of release must be from the Program Director where the resident is currently under contract. In addition, a letter attesting to the resident's performance must be received from the current Program Director.


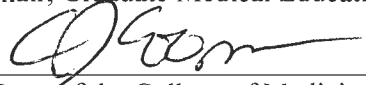
To determine the appropriate level of education for residents who are transferring from another residency program the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program. A program director is required to provide verification of residency education for residents who may leave the program prior to completion of their education.

No letter of offer may be given to the resident without the written consent of the Associate Dean for Graduate Medical Education and/or the Dean of College of Medicine and Life Sciences. The program must forward the following document to the GME office for review:

1. Complete residency application including curriculum vitae and USMLE step scores.
2. Letter of performance from the current Program Director addressing the resident's performance to date, completed rotations, and evaluation of competencies, including Appendix A of this policy.
3. IMG residents need to provide documentation of certified ECFMG certificate and visa status

The program may be expected to cover 1/2 of the funding if the resident is ineligible for full reimbursement from CMS.

The documents will be reviewed and upon approval, the program may send the resident a letter of offer.

<p>Approved by:</p>  <p>Chair, Graduate Medical Education Committee</p>  <p>Dean of the College of Medicine and Life Sciences</p> <p>Review/Revision Completed by: <i>Graduate Medical Education Committee</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p>Review/Revision Date: Reviewed 10/99, Revised 8/01, Revised 3/02, Reviewed 4/02, Reviewed 4/04, Revised 4/7/06, Revised 8/1/06, Revised 8/5/08, Reviewed 8/3/10, Reviewed 9/4/12, Reviewed 9/2/14, Reviewed 9/6/16, Reviewed 9/4/18</p> <p>Next review date: 9/2020</p>
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**Note:** The printed copy of this policy may not be the most current version; therefore, please refer to the policy website (<http://utoledo.edu/policies>) for the most current copy.



**College of Medicine  
Graduate Medical Education**

The Sponsoring Institution must ensure that its ACGME-accredited programs select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.

To determine the appropriate level of education for residents who are transferring from another residency program, the program director must receive written verification of previous educational experiences and a statement regarding the performance evaluation of the transferring resident prior to their acceptance into the program.

Please complete the form and forward directly to the Residency Program Director at The University of Toledo.

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**Resident Name:** \_\_\_\_\_

**Verification of Training (PG Level/Dates):** \_\_\_\_\_

**I. Evaluation of Rotations:**

Rotation	Dates	Superior	Satisfactory	Unsatisfactory

**II. Evaluation of Competencies:**

	Superior	Satisfactory	Unsatisfactory	No Knowledge
<b>Medical Knowledge</b>				
- Professional Judgment				
- Clinical Competence				
- Technical Skills				
<b>Patient Care</b>				
- Patient Management				
- Physician/Patient Relationship				
- Sense of Responsibility				
<b>Professionalism</b>				
- Motivation				
- Integrity				

- Cooperativeness				
- Ethical Conduct				
- Record Keeping				
<b>Interpersonal and Communication Skills</b>				
- with medical students				
- with fellow residents				
- with attendings				
- with nurses and staff				
<b>Systems-Based Practice</b>				
- understands healthcare delivery system				
- aides patients and families to optimize patient care				
<b>Practice Based Learning</b>				
- learns from patient care and continues to enrich personal medical knowledge (life-long learning)				

**III. Disciplinary Action** (Please comment on any disciplinary action during the dates of training):

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**IV. Procedural/Skills:**

Please attach/provide a listing of procedures the resident is currently credentialed to perform at your institution.

**V. Comments:**

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*To the best of my knowledge, the information provided is accurate and true.*

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Address/Phone