


Name of Policy: GME: Educational Rotations Outside of The University of Toledo and Affiliated Hospitals/Clinical Sites Policy Number: 3364-86-038-00 Approving Officer: Dean, College of Medicine and Life Sciences Responsible Agent: Director, Graduate Medical Education Scope: UT College of Medicine Residents	 Revision/review date: 05/20/2024 Original effective date: 08/07/2007
<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

Residents/Fellows who are requesting an educational rotation outside of The University of Toledo and affiliated hospitals/clinical sites must obtain approval from the Program Director and the Graduate Medical Education Committee.

Residents/Fellows will be responsible to obtain the appropriate licensure for the state in which the rotation will occur. The University of Toledo will maintain appropriate malpractice insurance for the resident during the away rotation.

Purpose

To provide a Resident/Fellow the opportunity to enrich his/her educational experiences which may not be available in the current residency program’s curriculum.

To ensure that the residency program is providing the appropriate oversight of the residents/fellows education outside of The University of Toledo and affiliated hospitals/clinical sites.

Procedure

Requests for all anticipated away elective rotations must be submitted to the GME office by a specified date in January for the upcoming Academic Year. The GME office will review the requests to determine if away elective rotations will be allowed for the subsequent Academic Year. If funding cannot cover all rotation requests, the requests will be prioritized based on the rationale for the rotation and availability of similar rotations within the Affiliation. Any request submitted after the due date will not be considered for review for institutional funding. Late submissions will be considered with a funding source through either the rotating site, Department or Program..

Away rotation applications that cannot be funded through the institution, may occur if there is a source of funding through either the rotating site, Department, or Program. The approval process for away elective requests will remain the same as outlined below.



The University of Toledo College of Medicine
Graduate Medical Education

Request for Educational Rotation Outside
of The University of Toledo and Affiliated Hospitals/Clinical Sites

- **Requests for all anticipated away elective rotations must be submitted to the GME office by the specified date. The GME office will review the requests to determine if away elective rotations will remain an option for the subsequent academic year. If funding cannot cover all rotation requests, the requests will be prioritized based on the rationale for the rotation and availability of similar rotations within the Affiliation. Any request not submitted to the GME office by the due date will not be considered for review for institutional funding.**
- This form must be completed for any rotation outside of The University of Toledo's affiliated hospitals and clinical sites that have been established through educational agreements for your program.
- Requests must be approved by the Program Director and sent to the Graduate Medical Education (GME) office at least four (4) months prior to the anticipated start date of the rotation. If deemed applicable, the request will be presented to the GME Committee for review and approval and the Dean of the College of Medicine will be advised of the decision.
- Residents/Fellows will be responsible to obtain the appropriate licensure for the state in which the rotation will occur.
- Residents/Fellows may only participate in one (1) educational rotation outside of The University of Toledo's affiliated hospitals and clinical sites that have been established through educational agreements for your program.
- A Program Letter of Agreement must be in place and fully executed prior to the beginning of the away rotation.

Attach a description of the rotation including a statement as to why this rotation is needed and if a comparable experience can be obtained at The University of Toledo or affiliated institutions/sites.

Send the form and attachments to the GME office. The GME office will return a copy to the Program indicating whether or not approval has been granted.

NAME OF RESIDENT/FELLOW: _____

PROGRAM: _____

PG LEVEL: _____

DATES OF ROTATION: _____

EXPERIENCE: _____

REQUESTED ROTATION SITE: _____

ROTATION SITE SUPERVISOR: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FUNDING SOURCE IF INSTITUTIONAL FUNDING IS NOT AVAILABLE:

Circle One:

Departmental Funding

Rotation Site Funding

None

Resident Signature

Date

Program Director Signature (indicating approval of request)

Date

GMEC Review Date _____
(if deemed applicable)

Request Approved

Request Denied

GMEC Chair
Designated Institutional Official
Associate Dean for Graduate Medical Education

Date

Original – GME

Copy – Program

Copy – Dean of College of Medicine