


<b>Name of Policy:</b>	<b>GME: Non-University of Toledo Residents Requesting Educational Experiences</b>	 <b>Revised date: 4/1/2025</b> <b>Original effective date: 02/03/09</b>	
<b>Policy Number:</b>	<b>3364-86-040-00</b>		
<b>Approving Officer:</b>	<b>Dean, College of Medicine and Life Sciences</b>		
<b>Responsible Agent:</b>	<b>Designated Institutional Official</b>		
<b>Scope:</b>	<b>UT College of Medicine Residency Programs</b>		
<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

Non-University of Toledo Residents/Fellows (‘visiting resident’) who are in an ACGME accredited program and requesting an educational rotation with a University of Toledo (UT) sponsored residency program must obtain approval from the Program Director and the Associate Dean for Graduate Medical Education/DIO, and an appropriate program letter of agreement must be in place before the rotation can begin. The visiting resident/fellow and/or ‘parent’ program will be responsible for obtaining the appropriate documentation for educational experiences with the UT-sponsored residency program.

Purpose

To ensure the Institution and Graduate Medical Education (GME) Office are aware of any visiting resident/fellow participating in educational activities.

To ensure the visiting resident/fellow has the appropriate credentials and oversight to provide patient care.



Procedure

The GME Office must be made aware of any visiting resident/fellow who requests an educational experience with a UT-sponsored residency or fellowship program.

The UT Residency Program will be responsible for submitting Appendices A and B (attached to this policy) to the GME Office for approval at a minimum 3 months before the visiting resident/fellow’s educational experience begins.

Upon approval by the GME Office, the UT Residency/Fellowship Program will be responsible for assuring a Program Letter of Agreement with the visiting resident/fellow’s program is complete prior to the beginning of the rotation, when applicable, and the visiting resident is credentialed and onboarded prior to the first day of the experience.

The UT residency program is not financially responsible for stipends, benefits, housing, food (other than if on-call), or other needs of visiting residents.

<p>Approved by:</p>  Chair, Graduate Medical Education Committee	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"><li>• None</li></ul> <p>Initial effective date: 2/3/2009</p> <p><i>Review/Revision Date: Reviewed 3/1/11, Revised 3/5/13, Reviewed 3/3/15, Reviewed 4/4/17, Revised 11/5/19, Revised 11/22/2022, Reviewed 4/1/2025</i></p> <p>Next review date: 4/1/2027</p>
 Dean, College of Medicine and Life	
<p>Sciences Review/Revision Completed <i>Graduate Medical Education Committee</i></p> <p>by:</p>	

**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.

Appendix A



**The University of Toledo**  
**Request for Educational Experience for Non-University of Toledo Resident**

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- This form must be completed for any Non-University of Toledo ('visiting') Resident educational experience that has been established through educational agreements for your program in accordance with GME Policy 3364-86-040-00
  - Appendix A and Appendix B must be submitted to the GME Office no later than 3 months prior to the start of the rotation for final approval before the visiting resident/fellow may engage in any educational experiences at the participating hospital.
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Name of Resident: \_\_\_\_\_

Current Institution of Resident: \_\_\_\_\_

Current Residency Program of Resident: \_\_\_\_\_ PG Level: \_\_\_\_\_

UT Residency Program will be rotating with: \_\_\_\_\_

Dates of Rotation: \_\_\_\_\_

Rotation/Service: \_\_\_\_\_

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Approval of

\_\_\_\_\_  
UT Residency/Fellowship Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
UT Rotation Supervising Attending

\_\_\_\_\_  
Date

\_\_\_\_\_  
UT Associate Dean for GME/DIO

\_\_\_\_\_  
Date

Appendix B



The University of Toledo

Attestation Statement of Certification for Non-University of Toledo Resident/Fellow

**(To be Completed by Program Director or other Certifying Official of Visiting Resident's Home Program:**

I represent and warrant that Dr. \_\_\_\_\_ (*trainee*), employed by \_\_\_\_\_ is in good academic standing in the \_\_\_\_\_ residency program, and our Residency Program/Institution has verified his/her qualifying credentials in accordance with Joint Commission and Accreditation Commission for Graduate Medical Education standards which allows them to participate in a graduate medical education program (i.e. verification of completion of medical school, valid visa, etc.).

In addition, this certifies that Dr. \_\_\_\_\_ has and will maintain the appropriate immunizations and vaccinations in accordance with the participating hospital standards. The University of Toledo may terminate any program rotation at anytime if written evidence of compliance to participating hospital health standards cannot be produced if requested. The salary and malpractice coverage of the resident will be the responsibility of the resident's sponsored program, and not the responsibility of The University of Toledo.

Submitted with this Attestation of Certification Statement is a current list of procedures and the level of supervision that Dr. \_\_\_\_\_ has been credentialed to perform.

\_\_\_\_\_  
Printed Name of Program Director or Certifying Official  
Visiting Resident's Home Program

\_\_\_\_\_  
Signature of Program Director or Certifying Official  
Visiting Resident's Home Program

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date