

## ATTACHMENT A

### Memo to the GME Office

Re: Rotation to a non-Emory affiliated rotation

Date of memo

Emory Department Chair's name

Emory Program Director's name

Emory program's name

Resident's/Fellow's name

Start and completion dates of the non-Emory rotation

Name and address of the location for the non-Emory rotation

Name, title, address and department of the non-Emory Program Director

Name, title and address of the Institutional Official from the non-Emory location who is responsible for signing the Master Agreement [this should be noted in the Agreement].

Is the non-Emory program ACGME accredited?

What is the non-Emory training program's ACGME number?

Is your training program required to obtain prospective approval from your Board?

If the answer is yes, then copy the GME office on your letter to the Board and attach that letter to this memo.

Who will be responsible for the resident at the non-Emory location?

Will the off-site program assure compliance with all ACGME guidelines including but not limited to duty hours?

Will this rotation place excessive work on residents who remain at Emory?

Will the off-site program provide the resident medical assistance for a work-related injury?

Will the off-site program complete evaluations of the resident?

Will the resident complete evaluations of the rotation?

What will be the source of funding for the resident's stipend and benefits? This source of funding will not be an Emory-related hospital.

Who will provide the malpractice coverage?

Does the resident have housing?

Did you inform the resident of the procedure for reporting work-related injuries?

Does the receiving state require a license or permit? Who will pay this cost?

If this rotation is international, has the resident received vaccinations, travel advice and the correct visa?

Please attach your signed Program Letter of Agreement for this rotation. The Associate Dean for GME and the Program Director will sign the agreement.

Please attach a letter signed by the Chair of the Department giving approval for the off-site rotation and detailing funding for the rotation.

Copy: Program Directors of other affected Emory program and the resident