Graduate Medical Education
UConn School of Medicine
263 FARMINGTON AVENUE
FARMINGTON, CT 06030-1921
PHONE 860.679.2147
FAX 860.679.4624
gme.uchc.edu

GRADUATE MEDICAL EDUCATION
VISITING RESIDENT APPLICATION FORM

COMPLETED BY THE VISITING RESIDENT

Name:_______________________________________ DOB:_____________ SSN # ______________
(First Name) (MI) (Last Name) (Degree)

Contact Phone #:_____________ Email: ______________________ Sex: ____ NPI: _____________ _

Medical School: ____ Grad Date: _____________

ECFMG Date (if applicable): _________________ Visa Status (if applicable): _____________________

Name of Sponsoring Institution: ____

Name of Current Residency Training Program: ________________________________ PGY:__________

Name of Current Residency Training Program Director:____

Are you currently doing a Prelim Year? (Y/N)_______
If Yes, what training program are you planning on entering?___________________________________

UConn Department / Program Requested: ____

Name of Rotation: ______________________ Start Date:_____________ End Date______________

Will you have travelled to a country identified by the C.D.C. (http://wwwnc.cdc.gov/travel/notices) as "warning level 2" or above within four weeks from the requested rotation start date? _____________
If yes, please attach a separate explanation.

I agree to provide all other information and supporting documentation as requested at:
http://gme.uchc.edu/visitingresidents

_____________________________________ _____________________________________
(Print Name) (Signature)

COMPLETED BY UCONN SPONSORED PROGRAM DIRECTOR (to be forwarded to the UConn GME Office)

I approve this request and attest this visiting resident rotation will not create any issues with availability of faculty supervision, adequacy of case volumes, learner interference, or any other items that will negatively impact the educational experience of the currently scheduled learners.

_____________________________________ _____________________________________
(Print Name) (Signature)

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UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE
VISITING RESIDENTS/ FELLOWS LETTER OF UNDERSTANDING

This Letter of Understanding ("Letter") confirms that ____
(Sponsoring Institution)

will permit____ to participate in a rotation in
(resident/fellow name)

the _______________________________________program at the University of Connecticut School of
(UConn Program)
Medicine ("UConn SOM"). The above sponsoring institution and the UConn SOM acknowledge that this is contingent upon an offer of an educational appointment by UConn SOM and acceptance by the resident/fellow. Condition of the rotation upon offer and acceptance are as follows:

1. Term of Rotation: The rotation period will be _______________ to _______________.

2. UConn SOM Liaison: Dr. _______________________________ will be providing supervision for
(first and last name)
the resident/fellow named above.

3. Additional UConn SOM Liaison: If the resident/fellow will be assigned to an affiliated hospital site, the Assistant Dean for Education at that site and/or the rotation supervisor at that site will be consulted by the UConn SOM Liaison for additional approval and sign-off.

4. Sponsoring Institution Liaison:____________________________________ will serve as the
(resident / fellow's program director/GME DIO)

sponsoring Institution's liaison with the UConn SOM.

5. Title of Rotation:____
Resident/Fellow will participate in this rotation and will be expected to meet the goals and objectives. The specific description of this rotation with goals, objectives, and evaluation modalities is attached to the document.

6. Resident/Fellow's Responsibilities:
   a. Comply with all policies, procedures, rules and regulations of UConn SOM and affiliated sites.
   b. Assume responsibility for his/her own uniforms, transportation, housing, meals, and other personal needs in the performance of activities under this rotation when such things are not provided by UConn SOM.
   c. Maintain the confidentiality of all information in UConn SOM records, including but not limited to patient records, research designed, and protocols. Resident/Fellow is prohibited from disclosing confidential material and/or publishing any writings that relate to the resident/fellow's experience at UConn SOM without prior written approval from UConn SOM.

d. As a condition of participation in the rotation, UConn SOM's Employee Student Health must review the resident/fellow's immunization records to ensure they comply with UConn SOM's requirements. Resident/fellow must provide such immunization records prior to the start of the rotation, including but not limited to one of the following;
   1. Certification of compliance with the resident/fellow's sponsoring institution's requisite employee health screening policy if such policy includes regular tuberculosis screening; or
   2. Proof of a history of vaccinations sufficient to meet UConn SOM's Employee Student Health's guidelines (CDC recommendations) including proof of a negative tuberculosis screening test within the thirty (30) day period immediately prior to the beginning of the rotation. Rotations occurring between October 1 and March 31st require the resident/fellow to present having received a flu shot prior to the start of the rotation.

   All (if any) outstanding vaccinations as determined by UConn SOM's Employee Student Health must be obtained at the Sponsoring Institution prior to starting the UConn SOM rotation. Proof of such must be must be submit along with the Letter in order to receive final clearance to begin the rotation.
e. As a condition of participation in the rotation, the resident fellow must clear a background check. UConn Public Safety will perform a background check at a cost of $75. If you had a background check performed within the twelve (12) months from the start of the rotation, please provide a copy. UConn Public Safety will review the documentation and make the final determination if it is acceptable or if an additional background check is needed.

UConn SOM reserves the right to refuse enrollment with regard to, and/or dismiss any candidate or resident/fellow that does not meet the criteria in Section 6.

7. <u>Sponsoring Institution's Responsibilities</u>
   a. Confer academic credit, if applicable to resident/fellow, upon successfully attaining goals set for this rotation.
   b. Ensure the resident/fellow complies with the provisions of Section 6 of this letter.
   c. Maintain professional liability insurance coverage or proof of self-insurance for resident/fellow while participating in the rotation in the minimum amount of one million/three million ($1,000,000/$3,000,000) and will provide current proof of such insurance. Failure to obtain or maintain such coverage will, at UConn SOM's option, be cause for termination of this rotation and immediate removal of the resident/fellow from UConn SOM.
   d. If applicable, ensure the resident /fellow has secured and maintains all documentation required for the resident/fellow to enter and stay in the United States and to allow the resident/fellow to participate in the rotation.
   e. Ensure the resident/fellow has satisfactorily completed any courses and/or trainings that are prerequisites for participation in the rotation.
   f. Ensure the resident/fellow is in good standing in their program without any limitations or under a remedial program and has achieved ACGME core competencies at the expected level for this time in the program.
   g. Ensure the resident/fellow has cleared a background check done by the Sponsoring Institution or designee. If a background check has not been completed within twelve (12) months from the start of the rotation, the UConn SOM will perform one for a fee (see section 6e).
   h. Provide resident/fellow with full salary and continued benefits, including personal health insurance during the period of this rotation.
   i. Provide UConn SOM with a photo of the resident/fellow with attestation the photo is the resident/fellow in question.
   j. Provide a list of procedures specific to this rotation that this resident/fellow is credentialed to perform at the sponsoring institution. Note: UConn SOM reserves the right to re-credential visiting residents/fellows for all procedures.

8. <u>UConn SOM's Rights and Responsibilities:</u>
   a. Provide input to the Sponsoring Institution's Liaison regarding the resident/fellow's performance for evaluation purposes;
   b. Provide an orientation period for resident/fellow to inform them of UConn SOM facilities, policies, procedures, rules and regulations;
   c. Arrange for emergency health care for resident/fellow if needed while they are onsite at UConn SOM, or assigned site. However, UConn SOM will not be responsible for costs, follow up care, or hospitalization associated with such emergency care; and
   d. Have the right, in its sole discretion, to immediately dismiss resident/fellow from UConn SOM thereby terminating the rotation, if UConn SOM determines that;
      1. The presence of the resident/fellow has a detrimental effect upon UConn SOM's facilities, patients, or personnel;
      2. Resident/fellow is compromising UConn SOM's standard of care or performance, policies or procedures; and/or
      3. The proper liability insurance coverage is not in effect.
   e. Once the resident/fellow has been fully approved to participate in a UConn SOM sponsored program, the program coordinator will obtain access to the appropriate patient record system(s).
   f. Claim the appropriate percentage of time spent training in a UConn sponsored program in accordance with Medicare regulations (on Medicare IRIS).

9. The resident/fellow participating in this rotation will not be an employee of UConn SOM/ Capital Area Health Consortium (CAHC) and will have no claim against UConn SOM/ CAHC for any employment benefits. At no time will the resident /fellow or sponsoring institution's personnel be considered or represent themselves as agents, either express or apparent, officers, servants, or employees of UConn SOM. Sponsoring Institution's resident/fellow will wear nametags at all times identifying his/her status.

10. <u>Indemnification</u>: To the extent authorized under the Constitution and laws of the home state of the Sponsoring Institution will indemnify and hold UConn SOM, its officers, agents and employees harmless against any and all claims, demands, damages, liabilities, and costs which directly or indirectly result from, or arise in connection with any willful misconduct or any negligent act or omission of the Sponsoring Institution, its officers, agents, employees, or resident/fellow pertaining to its activities and obligations under this Letter.

11. Except as otherwise required by law or regulation, Sponsoring Institution will not use, release, or distribute any materials or information containing the name or logo of UConn SOM or any of its employees without the prior written approval of an authorized representative of UConn SOM.

12. UConn SOM and the Sponsoring Institution shall comply with all Federal, State, and Local statutes and regulations including those prohibiting discrimination on the basis of race, color, creed, sex, age, marital status, handicap, national origin, sexual preference or any other basis prohibited by law. In addition to the foregoing, each of the parties agrees to comply with all the requirements of pertinent accrediting agencies. In the event of non-compliance, this Agreement may be terminated immediately.

13. By signing this Letter, the representative of the Sponsoring Institution thereby represents that such person is duly authorized by the Sponsoring Institution to execute this letter on behalf of the Sponsoring Institution and agrees to be bound by the provisions thereof.

14. This Letter sets forth the entire understanding between the parties with respect to the subject matter hereof.

If there is agreement with the above conditions regarding the commitment made on behalf of the Sponsoring Institution and the resident/fellow under this Letter, please have a duly authorized representative of the Sponsoring Institution sign duplicate originals in the designated spaces and return both originals for further processing to the Liaison and Department in #2 at: UConn School of Medicine, 263 Farmington Avenue, Farmington, CT 06030.

Approved and Accepted:

____
(Signature)

By: Jillian Goldsmith
Graduate Medical Education, UConn SOM

Date: ________________________________

____
(Signature)

By: __________________________________
(print name)
Sponsoring Institution DIO or Designee

Date: ________________________________

UConn SOM Read and Understood

____
(Signature)
By: Liaison/ Program Director

Date: ________________________________

Sponsoring Institution Read and Understood

____
(Signature)
By: Resident/ Fellow's Program Director

Date: ________________________________

If needed:

____
Site director assigned site- signature, printed name, and date

____
Assistant Dean for Medical Education- assigned site- printed name, date, and signature

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