

Yale-New Haven Medical Center  
International Health & Travel Medicine

Program Letter of Agreement

This affiliation agreement between the Section of International Health & Travel Medicine of the Department of Internal Medicine, sponsored by Yale-New Haven Medical Center, (the Sponsoring Institution), and the **(Write Participating Program/ Institution)**, located at **(Write Hospital Institution Name and address)**, (the Participating Institution), is effective the **(Write day)** day of **(Write Month)**, 20\_\_.

The International Health & Travel Medicine Program of Yale-New Haven Medical Center seeks to improve the quality of all training programs, enhance the residents experience as wells to promote learning in **(write what kind of experience residents will receive at this site)** by entering into an affiliation agreement.

**CONDITIONS**

1. During the time period at the Participating Institution, the **(Write the Name of the Office or Person)** will assume administrative, educational and supervisory responsibility for the residents.
2. While at this institution the residents are expected to learn the following **(outline the primary goals and objectives to be attained while residents rotate at the Participating Institution)**.
3. The trainees will spend **(Write time in months)** months at the Participating Institution. During this time the residents will continue to be paid by the Sponsoring Institution and will retain all of their benefits from the Sponsoring Institution. The Sp0nsoring Institution will provide residents with professional liability insurance for the length of the rotation at Participating Institution.
4. For the length of this rotation, the faculty of the Sponsoring Institution will be responsible for teaching and supervision by biweekly contact by e-mail, or more frequently if necessary, with the trainee. In addition, the Participating Institution is also responsible for teaching, supervision, and formal evaluation of residents under the responsible attending Yale University School of Medicine faculty. At the end of the rotation each resident will be evaluated in writing by the supervising faculty. The evaluation will be discussed with the trainee before the end of the rotation and be included in the trainees permanent file.
5. While at the participating Institution the trainees will be governed by the respective medical policies and procedures of the Participating Institution, which will be provided to the trainees at the beginning of the rotation by the participating institution. For due process the trainees will be governed by Yale-New Haven Medical Center's grievance procedure.

Witness whereof,

\_\_\_\_\_  
Program Director  
*Program Name*  
Yale-New Haven Medical Center

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Site Individual  
(Program Director, Department Chair, or  
Director of GME)  
*Program Name*  
*Name of Participating Hospital*

\_\_\_\_\_  
Date