

## Application for a Non-Standard Off-Site Elective Rotation

Program Name: \_\_\_\_\_  
Resident Name: \_\_\_\_\_ PG Level \_\_\_\_\_  
Program Director Name: \_\_\_\_\_ Beeper # \_\_\_\_\_  
Phone # \_\_\_\_\_

### Rotation Information (to be completed by resident)

Institution Name: \_\_\_\_\_  
Institution Address: \_\_\_\_\_  
\_\_\_\_\_

Rotation Name: \_\_\_\_\_  
\_\_\_\_\_

Purpose of Rotation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Rotation Dates: From \_\_\_\_\_ To \_\_\_\_\_

Length of Rotation \_\_\_\_\_ weeks

Name of Supervising Physician \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_  
email \_\_\_\_\_

Will institution provide professional liability coverage? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, name of person contacted and phone # \_\_\_\_\_

Is this experience available at YNHH or one of its affiliates? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, why is rotation to be taken off-site \_\_\_\_\_  
\_\_\_\_\_

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Completion by Program Director**

Rotation Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for non-approval \_\_\_\_\_

If experience can be obtained at Yale, why is there a need to take this rotation off-site?

\_\_\_\_\_

\_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

If approved, forward a copy of this form with the educational letter of agreement to the OGME-T-236

**For Completion by Director, Graduate Medical Education**

Rotation Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for non-approval \_\_\_\_\_

Director, GME Signature \_\_\_\_\_ Date \_\_\_\_\_

Malpractice Coverage Approved Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for non-approval \_\_\_\_\_

\_\_\_\_\_

**When completed, return to Office of GME, Tompkins 236**