

Yale-New Haven Medical Center
Write the Name of the Program

Program Letter of Agreement

This letter of agreement between _____, of the Department of _____, sponsored by Yale-New Haven Medical Center, (the Sponsoring Institution), and the _____, located at _____, (the Participating Institution), is effective the _____ day of _____, 20__.

The _____ Program of Yale-New Haven Medical Center seeks to improve the quality of the training program, enhance the residents experience as wells to promote learning in _____ by entering into an affiliation agreement.

CONDITIONS

1. During the time period at the Participating Institution, _____ will assume administrative, educational and supervisory responsibility for the residents.
2. While at this institution the residents are expected to learn the following _____.
3. The trainee, _____, will spend _____ 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 Participating Institution will provide residents with professional liability insurance for the length of the rotation at Participating Institution (*unless prior arrangements are made with the Sponsoring Institution in which case they should be described in this section*).
4. For the length of this rotation, the Participating Institution is responsible for teaching, supervision, and formal evaluation of residents under the responsible attending 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,

Signature & Date
Program Director's Name
Program Name
Yale-New Haven Medical Center

Signature & Date
Name of Responsible Individual
Title of Responsible Individual
Name of Participating Hospital or Practice

Signature & Date
Stephen Huot, MD, PhD
Designated Institutional Official
Yale-New Haven Medical Center

Signature & Date
Name of Institutional Individual
Title of Institutional Individual
Name of Participating Hospital or Practice

Appendix: Health and Safety

Section 1 - Bloodborne Pathogen Exposure

Do visiting residents/fellows working at the Participating Institution have timely access to assessment of and post-exposure prophylaxis for potential occupational exposure to bloodborne pathogens, including after hours and on weekends? Yes _____ No _____

If the answer is **No**, visiting residents/fellows will be provided by the Sponsoring Institution with a supply of HIV Post-Exposure Prophylaxis medications for their personal use, as well as instructions for contacting the Sponsoring Institution's Occupational Health service in the event of a potential exposure.

Section 2 - Personal Protective Equipment

- A. Does the Participating Institution provide CDC recommended Personal Protective Equipment (including fit tested respirators) for visiting residents/fellows (including when caring for known COVID-19 positive patients, Persons Under Investigation of COVID-19 status, and when performing any aerosol generating procedure)?
Yes _____ No _____

If the answer to A is **No**, visiting residents/fellows will be provided by the Sponsoring Institution with a supply of CDC recommended Personal Protective Equipment to meet their personal needs while on-site.

If the answer to A is **Yes**, please proceed:

- B. If the Participating Institution provides PPE for visiting residents/fellows, will the Participating Institution accept documentation of the fit test assessment from the Sponsoring Institution?
Yes _____ No _____

If the answer to B is **Yes**, visiting fellows/residents will provide the Participating Institution with fit test documentation in advance of the rotation start date to confirm whether the appropriate equipment will be available at the site.

- C. If the Participating Institution requires that the visiting resident/fellow undergo repeat fit testing or does not have the equipment that the visiting resident/fellow has been fit tested for at the Sponsoring Institution, is the Participating Institution able to perform fit testing of the visiting resident/fellow at the start of their time on-site?
Yes _____ No _____