Yale-New Haven Medical Center

Write the Name of the Program

Program Letter of Agreement
Non-Standard (one-time elective)

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 well as to promote learning in ________________________________ by entering into an affiliation agreement.

CONDITIONS

1. During the time period at the Participating Institution, the __________________________ 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 ____________________ 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 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 trainee's 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                          Signature & Date
Program Director’s Name                Name of Responsible Individual
Program Name                            Title of Responsible Individual
Yale-New Haven Medical Center           Name of Participating Hospital or Practice

__________________________________________  ____________________________
Signature & Date                          Signature & Date
Designated Institutional Official        Name of Responsible Individual
Yale-New Haven Medical Center            Title of Responsible Individual
                                        Name of Participating Hospital or Practice