

Request for Elective GME Rotation to Non-McGaw Institution

All requests must be submitted no less than 120 days prior to the proposed start date of the planned rotation.

Once approved, this application signifies support for the **educational merit** of the proposed elective, and the 120-day timeline begins. This elective request may also require a legally binding agreement between McGaw, the base hospital, and the site. The program-level PLA alone does not satisfy this legal requirement. **Do not make travel arrangements or solidify a schedule for this rotation until receiving final email confirmation from McGaw Medical Center.**

Return completed form with Program Director's signature to Sarah Boblink, sarah.boblink@northwestern.edu. Additional signatures will be obtained through McGaw and the base hospital.

Specify type of experience: Clinical Rotation Observership On-Site Research Remote Research

General Information

Date of Request: _____
Trainee Name: _____
Trainee NU Email: _____
Program: _____
Date Rotation Begins: _____
Date Rotation Ends: _____

Hospital at Which Training Program is Based

Northwestern Memorial Hospital
Ann & Robert H. Lurie Children's Hospital
Swedish Hospital
Shirley Ryan AbilityLab
Northwestern Medicine Lake Forest Hospital
Northwestern Medicine Delnor Hospital

Non-Member Institution Information

Site Name: _____
Physical Location of Site (Address, City, State, Country): _____
Site Contact Name and Title: _____
Site Contact Email: _____

Ensure this contact is the individual responsible for reviewing legal agreements.

Visa Status

Select one:

Approval

Program Director:

Designated Institutional Official:

Approver from Base Hospital of the Program:

Educational Support and Justification for Rotation

1. Summarize the educational objectives and their relevancy to the training program requirements, the scope of the activities to be covered in the rotation, and the length of the rotation.

2. Explain why the requested experience cannot be met at the base hospital or other McGaw member institution.

3. Identify the individual at the non-affiliated site ultimately responsible for trainee supervision during the proposed rotation, including title and contact information.

4. Has the program verified whether additional ACGME approval is needed via the specialty-specific Review Committee's website? If yes, describe the process and timeline below.