

Request for Elective GME Rotation to Non-McGaw Institution

All requests must be submitted no less than 120 days prior to the 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 you receive final email confirmation from McGaw Medical Center.

Return completed form with Program Director's signature to Jadrianna Sobczak, jadrianna.sobczak@northwestern.edu. Additional signatures will be obtained through McGaw and the McGaw base hospital.

Please specify which type of clinical experience this will be: Clinical Rotation or Observership or Remote Research

General Information (to be completed by the requesting trainee)

Date of Request: _____
Housestaff name: _____
Program: _____
Program Coordinator's name: _____
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 Lake Forest Hospital
Delnor Hospital

Non-Member Institution Information

Name: _____
Location (City/State/Country): _____
Site Contact (Name/Title): _____
Site Contact (Email): _____
With whom legal agreements may be discussed.

Visa Status

Not Applicable H-1B J-1 F-1

Approval

Signature

Date

Program Director: _____
DIO: _____
Approver from Base Hospital of Program: _____
Havey Institute for Global Health: _____
(if international only)

Educational Support and Justification for Rotation

a. Summarize the educational objective and its relevancy to the residency program requirements, the scope of the activities to be covered in the rotation, and the length of the rotation. Please indicate whether it is a required or permitted rotation under ACGME standards.

b. Cite limitations at base institution and other McGaw members/affiliates in providing the needed educational experience.

c. Identify the individual at the non-affiliated facility ultimately responsible for housestaff supervision during the proposed rotation. Please include a summary of the individual's relevant credentials.

d. Summarize the non-affiliated facility's requirements for housestaff supervision.

e. Summarize previous experience with utilization of this facility for non-base hospital rotations, if any.

INTERNATIONAL TRAVEL ONLY: Attestation Required

Resident attestation must be signed before travel.

I have reviewed the plans for post-exposure prophylaxis and rabies IG immunoglobulin at my rotation site and am aware of what to do in case of exposure.

I have obtained the necessary vaccinations.

Trainees on international elective rotations are required to obtain, at his/her own expense, any immunizations that may be needed. (**Northwestern Medicine Corporate Health and Travel Medicine**)

I have attached a letter of intent from the external site director.

I have obtained a GeoBlue supplementary policy.

Trainees on international elective rotations are required to obtain, at his/her own expense, an individual **GeoBlue** supplementary health insurance policy.

I have completed the **Overseas Rotation Acknowledgment, Waiver and Release** form.

I have completed the **McGaw Increased Risk Travel Release** form if applicable (based on U.S. State Department Travel Warnings for clinical site).

This travel release form is a supplement to the Overseas Rotation Acknowledgment, Waiver and Release form, both of which shall apply when a McGaw resident or fellow travels to a country currently under a **U.S. Department of State** travel warning and/or **Centers for Disease Control** and Prevention travel notice level 2 or 3 (case-by-case review but discouraged). Travel to any level 4 site will not be considered.

I have arranged for safe transport from the airport to my lodging and from lodging to clinical site.

Trainees on international elective rotations that are a travel notice level two must provide a safety plan. See example **here**.

I am requesting this rotation for elective education purposes only. This is not a requirement of my training program or of the McGaw Medical Center.

Trainee Name:

Trainee Signature:

Date:

Program Director Name:

Program Director Signature:

Date:
