

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:

Havey Institute for Global Health:

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.

International Travel: Attestation Required

By initialing and signing below, the trainee attests that prior to travel, they have completed all tasks and submitted all forms listed below.

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, at my own expense, the necessary vaccinations for the country to which I am traveling.

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

I have completed and signed the McGaw Increased Risk Travel Release form. The form has also been signed by my Program Director.

I have provided an emergency contact at the external rotation site, detailed a security plan, and arranged for safe transport from the airport to my lodging and from my lodging to the clinical site, including addresses and contact information for each, as reflected in the attached safety plan.

Once prompted by McGaw, I will obtain, at my own expense, a GeoBlue supplementary health insurance policy that is in my name, encompasses all dates of travel, and is in the minimum amount of \$1M.

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 of Northwestern University.

Trainee (Printed Name)

Trainee Signature

Date

McGaw Program Director (Printed Name)

McGaw Program Director Signature

Date

OVERSEAS ROTATION ACKNOWLEDGEMENT, WAIVER AND RELEASE

THIS OVERSEAS ROTATION ACKNOWLEDGMENT, WAIVER AND RELEASE

(this “**Release**”) is executed on this _____ day of _____, _____ by _____ the resident/fellow (“**RESIDENT**”) in favor of The McGaw Medical Center of Northwestern University d/b/a McGaw Medical Center of Northwestern University for Graduate Medical Education (“**McGAW**”). RESIDENT desires to undertake and complete an elective medical education rotation at a healthcare facility or institution outside of the United States of America (the “**Overseas Rotation**”). The description and summary of the Overseas Rotation as approved by McGAW is attached to this Release and incorporated herein as Attachment 1.

1. RESIDENT understands and acknowledges the following:

- (a) His or her participation in the Overseas Rotation is wholly voluntary and is not required nor endorsed or sponsored by McGAW. RESIDENT is fully aware of the dangers and risks inherently associated with participating in the Overseas Rotation, including, but not limited to, those associated with: (i) traveling to and within, and returning from, one or more foreign countries; (ii) foreign political, legal, social and economic conditions; (iii) different standards of design, safety and maintenance of buildings, facilities, public places and transportation systems and infrastructure; (iv) local medical and weather conditions; and (v) the possibility of emergency evacuation as a result of these and other conditions.
- (b) He or she has taken into account, and assumes all the risk of health, safety and travel abroad considerations, including, but not limited to, any applicable travel warnings for individual countries and announcements for particular regions as set forth by the United States Department of State (available at <http://travel.state.gov/travel/warnings.html>) and the United States Centers for Disease Control and Prevention (available at <http://www.cdc.gov./travel>). RESIDENT further understands and acknowledges that he or she will bear full and complete responsibility of any decision to remain in the Overseas Rotation despite an increased risk to RESIDENT’S health, safety and security during the Overseas Rotation, including, but not limited to, a risk that may result in the issuance of a travel warning by the United States Department of State.
- (c) He or she is solely responsible to determine whether his or her health, dental and disability insurance policies provide coverage in the country where the resident will conduct the Overseas Rotation; provided, however, that RESIDENT’S workers’ compensation coverage may pay for medical expenses according to the limits of the insurance contract. Notwithstanding the foregoing, RESIDENT further understands and acknowledges that McGAW is not responsible or obligated in any way to provide financial assistance or other assistance, including, but not limited to, transportation to the United States in the event of injury or illness to RESIDENT in connection with the Overseas Rotation.

(d) Professional liability insurance provided to RESIDENT as a participation under McGAW'S graduate medical education programs does not extend to RESIDENT'S medical practice performed outside of the United States of America. It is RESIDENT'S sole responsibility to assure that RESIDENT'S medical practice is insured or addressed by the institution or health care facility that is sponsoring the Overseas Rotation. In this regard, RESIDENT hereby assumes all risks associated with any claim of injury or death asserted against RESIDENT that may arise from RESIDENT'S activities associated with the Overseas Rotation. RESIDENT understands that the foregoing provisions discharge McGAW, its corporate members and their board of directors, officers, employees, agents and representatives (in their official and individual capacities) from any liability or claim that may arise from RESIDENT'S provision of professional medical services in connection with the Overseas Rotation.

(e) Rotations at international settings not previously approved by the Center for Global Health and Dean's Administration or extension of trips beyond the site(s) requested are considered vacation/non-sanctioned travel.

2. RESIDENT, individually and on behalf of his or her heirs, successors, assigns and personal representatives, hereby freely, voluntarily, and without duress releases, acquits and forever discharges and holds harmless McGAW, its corporate members and their respective boards of directors, officers, employees, agents and representatives (in their official and individual capacities) with regard to any claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from RESIDENT'S activities while completing the Overseas Rotation, including, but not limited to, any liability or claim that the RESIDENT may have against them with respect to any bodily or personal injury, illness, death, or property damage that may result from RESIDENT'S activities and travel related to the Overseas Rotation.
3. RESIDENT, individually and on behalf of his or her heirs, successors, assigns and personal representatives, hereby agrees to indemnify, defend and hold harmless McGAW, its corporate members and their respective boards of directors, officers, employees, agents and representatives (in their official and individual capacities) from any and all liability, loss or damage that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, judgments, costs or expenses, including attorneys fees, which arise out of, relate to, occur during, or result from RESIDENT'S participation in the Overseas Rotation.
4. RESIDENT agrees that this Release is to be construed under the laws of the State of Illinois, that it is intended to be as broad and inclusive as permitted by the laws of the State of Illinois, and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full force and effect.
5. In signing this Release, RESIDENT hereby acknowledges and represents that: (i) her or she has read this Release in its entirety and understands the terms and provisions of this Release; (ii) by signing this Release he or she is giving up substantial legal rights he or she might otherwise have; (iii) this Release is a binding agreement; and (iv) her or she has signed it knowingly and voluntarily in his or her free will.

IN WITNESS WHEREOF, RESIDENT has executed this Release as of the day and year first above written.

Trainee (Printed Name)

Trainee Signature

Date

ATTACHMENT 1

Description of Overseas Rotation

[to be attached]

McGaw Increased Risk Travel Release

For study/research/travel in a country currently under a U.S. Department of State Travel Warning and/or a Centers for Disease Control and Prevention Travel Notice Level Two: Practice Enhanced Precautions or Three: Avoid Nonessential Travel

NOTE: THIS TRAVEL RELEASE IS A SUPPLEMENT TO THE MCGAW MEDICAL CENTER FOR GRADUATE MEDICAL EDUCATION OVERSEAS ROTATION ACKNOWLEDGEMENT, 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 TWO OR THREE.

Trainee Name: _____

McGaw Training Program: _____

Travel Dates: _____

Destination(s): _____

Partner or Host Institution / Organization: _____

Attach Itinerary / Safety Plan (include modes of transportation to, within and from destination(s), hotels/housing, and schedule).

In connection with my trip to the above-referenced destination(s):

1. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including reading the most recent relevant [U.S. Department of State \("DoS"\) Travel Warning\(s\)](#), any applicable U.S. Centers for Disease Control and Prevention [Travel Notice Level Two: Practice Enhanced Precautions](#), the most recent relevant [International SOS Security Alerts and Security Reports](#) (membership ID# 11BCAS000003), and [Northwestern University's Travel Warning Policies](#).
2. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including reading the most recent relevant [U.S. Department of State \("DoS"\) Travel Warning\(s\)](#), any applicable U.S. Centers for Disease Control and Prevention [Travel Notice Level Three: Avoid Nonessential Travel](#), the most recent relevant [International SOS Security Alerts and Security Reports](#) (membership ID# 11BCAS000003), and [Northwestern University's Travel Warning Policies](#).
3. I have provided a description of the proposed project to the program, department, or school that is funding the trip and have received written approval from the funding authority. I have also received written approval from my department chair and dean and/or supervisor. I acknowledge that McGaw retains the right to withdraw permission for any approved travel at any time.

4. I understand it is my responsibility to review the health risks associated with my travel destination through the Centers for Disease Control and Prevention [Travelers Health Resource](#), and to discuss required or recommended vaccinations with a travel health professional, if applicable.
5. I am aware that because McGaw's health insurance plan has limited applicability abroad, I may need to purchase an independent specialized international medical insurance plan specific to my dates of travel and that this can be obtained through [GeoBlue Travel & International Health Insurance](#).
6. I acknowledge that I am voluntarily participating in the travel described above. I also acknowledge that my participation in this travel may expose me to significant risks, including but not limited to terrorism, war, disease, serious bodily injury or death, property damage, and other risks that may not be foreseeable. I acknowledge that the DoS has issued a Travel Warning and/or the U.S. Centers for Disease Control and Prevention has issued a Travel Notice Level Three: Avoid Nonessential Travel for the above destination(s). I understand that McGaw is not responsible for my safety, and I assume full responsibility for all risks associated with my travel
7. I know that I am not required to travel to my destination(s).
8. I know conditions in my destination(s) may change rapidly and will stay informed of current events on a frequent, at least daily, basis by obtaining updated security and health information from and enrolling in the U.S. State Department's [Smart Traveler Enrollment Program \(STEP\)](#), which also accepts enrollment for non-U.S. citizens. I understand that non-U.S. citizens are also strongly encouraged, if possible, to register with one's home country Embassy or Consulate and get updated information from the U.S. and home country Embassies or Consulates, as well as the DoS, CDC and ISOS websites.
9. I know that because conditions in my destination(s) may change rapidly, I may be required to return to the United States before completing my academic goals. I understand that in such an instance I may not receive full academic credit or a refund of tuition or any other fees paid for the experience and that I may incur additional personal and / or travel expenses.
10. If I travel away from the destination described above, I will inform my faculty supervisor of such travels, including dates away from my original destination, mode of transportation, destination(s), cell phone or other emergency contact information, and date of return to my original destination. I understand that my failure to comply with this provision may result in my immediate dismissal from the program, additional sanctions upon return to McGaw up to and including exclusion from the McGaw program and withdrawal of funding or financial aid for expenses in connection with my program.
11. I understand that all students traveling abroad must adhere to McGaw rules and regulations, as explained in the McGaw Handbook. I understand that if I am dismissed from the program for violation of any applicable rules, I will not receive academic credit or a refund of any fees or expenses paid for the program and that I may incur additional personal and/or travel expenses. In addition, students traveling abroad who violate McGaw rules and regulations may be subject to further disciplinary action upon returning to McGaw.

12. **WAIVER AND RELEASE OF CLAIMS.** I hereby release, waive, discharge and covenant not to sue McGaw, its corporate members and their respective trustees, officers, agents or employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, in connection with travel and/or study at the destination(s) described above. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of my traveling to the destination(s) described above. I further hereby agree to defend, indemnify and save and hold harmless the releasees and each of them, from any loss, liability, damage or costs they may incur as a result of my travels. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releasees.

Trainee (Printed Name)

Trainee Signature

Date

McGaw Program Director (Printed Name)

McGaw Program Director Signature

Date

Designated Institutional Official (Printed Name)

Designated Institutional Official Signature

Date

International Travel Safety Plan

Provide an emergency contact at the external rotation site.

Travel and Transportation Arrangements: How will the trainee get to and from the airport to their accommodations? How will they commute to and from the clinical site? What transportation options exist for safe travel to other locations the trainee may travel while international? Who is responsible for coordinating transportation?

Living Arrangements: Where will the trainee be staying during this rotation? Is it a private or communal space? What safety measures are available at this location? **Include an address and contact information for the accommodations.**

Security Plan: Detail plans in case of abrupt and unexpected need to leave due to security deterioration. The trainee must also be informed of the contact information and location of the U.S. Embassy in the country to which they are traveling.