

### Program Letter of Agreement (PLA)

This document serves as a PLA between McGaw's \_\_\_\_\_  
\_\_\_\_\_ and \_\_\_\_\_ involved in trainee education.

This PLA is effective from \_\_\_\_\_ and will remain in effect for 10 years, or until updated  
or terminated by the training program and / or Participating Site.

#### Type of Rotation

Required

Elective

#### Individuals Responsible for Education and Supervision at Participating Site

At Sponsoring Institution: \_\_\_\_\_  
McGaw Program Director

At Participating Site: \_\_\_\_\_  
Site Director

Physical Address: \_\_\_\_\_  
Participating Site Address, City, Zip Code

List additional faculty  
by name or general group  
(as applicable):

#### Responsibilities

The faculty at Participating Site must provide appropriate supervision of trainees in patient care activities and maintain a learning environment conducive to educating the trainees in the ACGME core competencies. The faculty must evaluate trainee performance in a timely manner during each rotation or similar educational assignment and document this evaluation at the completion of the assignment.

**Content and Duration of the Educational Experience**

The content of the educational experience has been developed according to the current ACGME Common Program Requirements and are delineated below or in the attached goals and objectives document. All goals and objectives must be competency-based (each associated with one or more of the ACGME milestones).

In collaboration with the McGaw Program Director, the Site Director and faculty at the Participating Site are responsible for the day-to-day activities of the trainees to ensure the goals and objectives are met during the course of the educational experiences at the Participating Site.

**Policies and Procedures that Govern Trainee Education**

Trainees will be under the general direction of [McGaw's Graduate Medical Education Housestaff Manual](#).

**McGaw Training Program**

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

**Participating Site**

\_\_\_\_\_  
Site Director Signature

\_\_\_\_\_  
Date

**McGaw Medical Center of Northwestern University**

\_\_\_\_\_  
Designated Institutional Official Signature

\_\_\_\_\_  
Date