

Request for Elective GME Rotation to Non-McGaw Institution

All requests must be submitted no less than 90 days prior to the start date of the planned rotation. A GME educational affiliation agreement will have to be executed for all non-international requests. The program-level PLA alone does not satisfy this legal requirement.

Please return completed form with Program Director's signature to Angie Delk, a-delk@northwestern.edu. Additional signatures will be obtained through McGaw and the McGaw member hospital.

General Information (To be completed by the requesting resident)

Date of Request: _____
 Housestaff name: _____
 Program: _____
 Program Coordinator's name: _____
 Date Rotation Begins: _____
 Date Rotation Ends: _____

Member Institution ("Base Hospital" at which training program is based)

Northwestern Memorial Hospital (NMH)
 Ann & Robert H. Lurie Children's Hospital (LCH)
 Swedish Covenant Hospital (SCH)
 Shirley Ryan AbilityLab (SRALAB)
 Northwestern Lake Forest Hospital (NLFH)

Non-Member Institution Information

Name: _____
 Location (City/State/Country): _____
 Site Contact (Name & email): _____

Visa Status

Not Applicable
 H1-B
 J1
 F-1

Approval

Signature _____ Date _____

Program Director: _____
 DIO: _____
 Approver for McGaw Affiliate _____

International Rotation Approval

Signature _____ Date _____

Center for Global Health:
 (Director/Deputy Director) _____

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.

f. Will the non-affiliated facility provide professional liability coverage for resident during this rotation?

Yes

No

Additional Documentation Required for International Travel

Overseas Rotation Acknowledgement, Waiver and Release form

Letter of intent from other institution

McGaw Increased Risk Travel Release form

This travel release form 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.) Travel to level three warning countries is generally not allowed.

Trainees on international elective rotations that are a travel notice level two must provide a safety plan. (see example [here](#))

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

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)

Attestation Required for International Travel

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
- I have obtained a GeoBlue supplementary policy
- I have completed the Overseas Rotation Acknowledgement, Waiver and Release form
- I have completed the McGaw Increased Risk Travel Release form if applicable (based on US State Department Travel Warnings for clinical site)
- I have arranged for safe transport from the airport to my lodging and from lodging to clinical site
- I am requesting this rotation for elective education purposes and realize it is not a requirement of my training program or of the McGaw Medical Center.

Resident Name

Resident Signature

Date

Program Director Name

Program Director Signature

Date
