

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
GRADUATE MEDICAL EDUCATION ELECTIVE EXPERIENCE REQUEST
(This applies to Domestic and International Clinical, Research or Observation Experiences)

Name: _____ Residency/Fellowship Program: _____

Citizenship: _____ VISA (if applicable): **J-1** _____ **H1B** _____ **OTHER** (please indicate) _____

PGY Level: _____ Dates for Elective: _____

Elective Information:

Elective Institution/Organization Name: _____

Institution Location - City/State: _____ Country: _____

Site Supervising Physician Name: _____

If elective rotation is in an ACGME Accredited Program Please Provide:

Site Residency Program Name: _____

Site Program Director' Name: _____

I have reviewed the UMMS GME Policy for Offsite Elective Rotations, and agree to abide by these requirements and policies.

- An approved GME Letter of Agreement (LOA) between UMMS and the Host Institution is required prior to my elective rotation
- I agree to carefully review the terms of the LOA and abide by all provisions.
- I must abide by all Host Institution requirements and policies, including all policies related to patient care and research.
- I cannot write prescriptions using the UMass Institutional DEA number during this experience.
- I must report to UMass Memorial Medical Center Risk Management any errors/events/outcomes that vary from the acceptable standard of practice per UMMMC Policy #1080 Occurrence (incident) Reporting.
- I and my supervisor must complete an end of elective evaluation. Failure to do so will result in no credit for the elective.

ADDITIONAL REQUIREMENTS FOR INTERNATIONAL EXPERIENCE:

- In accordance with UMMS travel policy I must register my international travel with the UMMS International Travel Registry <https://www.umassmed.edu/international-support-services/international-travel/travel-registration> at least two weeks prior to travel to be covered by University travel health and evacuation insurance policies. Failure to register travel may preclude insurance coverage and/or proactive support from UMMS in case of incident.
- UMMS may, in its discretion, revoke international travel approval at any time due to external safety and security threats.
- I am responsible for determining visa, vaccination and other entry and exit requirements related to travel to the Host Institution country and for securing all necessary and recommended prophylaxes and medications.
- I am covered by a UMass medical malpractice insurance policy for services provided during this experience but SOLELY for suits brought within the US and Canada. UMass does not provide coverage for any claims brought in the host institution country. If the host institution does not provide such coverage, I understand it is my decision whether and how to purchase and secure personal malpractice coverage.

Resident/Fellow Signature: _____ **Date:** _____

PROGRAM DIRECTOR AND GME APPROVALS ON REVERSE SIDE:

GRADUATE MEDICAL EDUCATION**UMMS PROGRAM DIRECTOR**

Name:	Name:
UMMS Title:	Title:
Signature:	Signature:
Date:	Date:

In order to complete your application, you must include a letter of acceptance from the supervising physician at the elective site which provides the information requested on the attached page. Alternatively, you must provide the requested information. This will be included in the Program Letter of Agreement which your site supervisor will be required to sign.

ROTATION SITE: _____

(Name and Location of Institution)

ROTATION SPECIALTY: _____

FACULTY RESPONSIBLE FOR TEACHING AND SUPERVISION:

EDUCATIONAL GOALS AND OBJECTIVES:

RESIDENT/FELLOW RESPONSIBILITIES:

LIST OF RESIDENTS AND DATES OF ASSIGNED ROTATIONS: