

**OUT OF STATE OFF-SITE ROTATION  
APPROVAL PROCESS**

University of Tennessee Health Science Center  
Graduate Medical Education

The purpose of off-site rotations is to provide training experiences for residents and fellows (individually, a “resident” or collectively, “residents”) outside University of Tennessee (UT) affiliated hospitals or clinical training sites outside the state of Tennessee. To avail itself of an off-site rotation opportunity, the requesting program must first receive approval from the Office of Graduate Medical Education (GME). Residents on active Performance Improvement Plans are not eligible for out-of-state, off-site rotation experiences. As with all resident rotations, clear goals and objectives must be in place and residents should receive mid-point performance feedback and a final written evaluation.

The Program Director is responsible for his/her program's ability to meet ACGME and RRC requirements within UT facilities, whenever possible. To request an additional training experience outside of UT facilities, completion of the following procedure is required before an off- site rotation may begin:

- 1) At least three months prior to the start of the requested off-site rotation, the Program Director will submit the following documentation to the Office of Graduate Medical Education:
  - (a) Request for Approval of Out of State Off-site Rotation Form
  - (b) Program Director statement
  - (c) Letter from the off-site supervising faculty/institution supporting and verifying the rotation, or  
if required by the rotation site, the host institution’s Off-site Program Letter of Agreement or Affiliation Agreement
  - (d) Goals and objectives for the rotation
  - (e) Copy of malpractice insurance coverage
  - (f) A copy of a signed Resident Acknowledgment in the form attached as Exhibit A hereto regarding the resident’s acknowledgement of his/her requirement and responsibility to obtain malpractice insurance coverage and any licensure, permit or registration with the out-of-state medical board, if the rotation occurs outside of Tennessee.
- 2) Upon receipt of the completed Request for Approval of Out of State Off-site Rotation Form and accompanying documentation, GME staff will review the request for approval.
- 3) GME staff will send notice of approval or denial of the request to the Program Director.

The resident will be placed on administrative leave under University Policy HR0355 by UT during the dates of the off-site rotation. The resident is responsible for meeting the licensure requirements in the state where the rotation occurs.

Based upon the determination of the Program Director, the leave will be either paid administrative leave or unpaid administrative leave, depending on funding availability of the Department or the Program. The 10 days of educational leave available pursuant to GME Policy #220 cannot be utilized for out-of-state, off-site rotations. Final authorization for the out-of-state, off-site rotation request is at the level of the Designated Institutional Official. If the leave is without pay, the resident will receive no compensation from UT (including but not limited to W-2 wages, 1099 income, or stipend) during the dates of the off-site rotation, and the resident will be responsible for paying the full cost of group medical insurance (both UT and employee portion). In the case of administrative leave without pay, residents may utilize annual leave to allow for full or partial compensation of the off-site rotation. The resident may not receive compensation from the home institution and the host institution during the off-site rotation.

During the off-site rotation, the resident is not authorized to act on behalf of the University of Tennessee in any manner, and any action the resident takes during the off-site rotation time period is outside the scope of the resident's employment with the University of Tennessee. The resident will be fully and personally responsible for any liability created by their conduct or actions while on leave. Neither the University of Tennessee nor the State of Tennessee will have any legal responsibility for the resident's actions, which will be outside the coverage of the Tennessee Claims Commission Act, Tennessee Code Annotated Section 39-7-101 et seq. Accordingly, the resident is solely responsible for obtaining, at the resident's personal expense, adequate professional liability coverage for the resident's acts or omissions during the off-site rotation, as well as any other insurance coverage required by the host institution of the off-site rotation. The resident must provide proof of such professional liability insurance coverage to the Program Director and to the host institution of the off-site rotation, but neither UT's nor the host institution's receipt of such documentation shall be deemed by implication or otherwise to be a determination by UT or the host institution as to the validity or adequacy of such professional liability insurance coverage.

**REQUEST FOR APPROVAL OF  
OUT OF STATE OFF-SITE ROTATION**

Approval for the following off-site rotation is requested to provide training experience outside University of Tennessee (UT) affiliated hospitals or clinical training sites. Clear goals and objectives are in place and the resident(s) will receive mid-point performance feedback and a final written evaluation.

The resident may or may not be paid during the off-site rotation. As described in the Off-site Rotation Approval Process, the resident is solely responsible for obtaining, at resident's personal expense, adequate professional liability insurance coverage for the resident's acts or omissions during the dates of the off-site rotation. The resident must provide proof of such professional liability insurance coverage to the Program Director and to the host institution of the off-site rotation, but neither UT's nor the host institution's receipt of such documentation shall be deemed by implication or otherwise to be a determination by UT or the host institution as to the validity or adequacy of such professional liability insurance coverage. The resident is also responsible for meeting the licensure requirements in the state where the rotation occurs in advance of the commencement date of the rotation. During the off-site rotation, the resident will be placed on administrative leave.

To present this request to GME, the following required documentation must be attached:

- 1) Request for Approval of Out of State Off-site Rotation information completed below;
- 2) Program Director Statement, including resident signature;
- 3) Letter from off-site supervising faculty/institution supporting and verifying the rotation OR if required by rotation site, the host institution's Off-site Program Letter of Agreement or Academic Affiliation Agreement;
- 4) Written goals and objectives;
- 5) Copy of malpractice insurance coverage; and
- 6) A copy of a signed Resident Acknowledgment in the form attached as Exhibit A hereto regarding the resident's acknowledgement of his/her requirement and responsibility to obtain professional liability insurance coverage, and any licensure, permit or registration with the out-of-state medical board.

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Name of Resident(s): \_\_\_\_\_

Are you currently on a J-1 Visa:  Yes  No

Will the administrative leave be:  Paid  Unpaid

Will you use annual leave:  Yes  No

If yes, please list dates you will use annual leave: \_\_\_\_\_

Dates of Rotation: From \_\_\_\_\_ To \_\_\_\_\_

Name and address of rotation including names of all sites where resident(s) may have contact with patients (practice sites, hospitals, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Describe the educational rationale for offering this rotation: \_\_\_\_\_

\_\_\_\_\_

Description of resident activities: \_\_\_\_\_

\_\_\_\_\_

***Please return the completed forms at least 90 days prior to the start of the rotation to:  
Office of Graduate Medical Education; 920 Madison Avenue, Ste. 447; Memphis, TN 38163***

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Notice of approval  \_\_\_\_\_  
Notice of denial  \_\_\_\_\_ Signature of GME Staff \_\_\_\_\_ Date \_\_\_\_\_

c: Program Manager/Program Coordinator

**University of Tennessee Health Science Center  
Graduate Medical Education  
Program Director Statement  
Out of State Off-Site Rotation**

As Program Director for the \_\_\_\_\_ University of Tennessee Training Program,  
I have reviewed this Off-site Resident Rotation for \_\_\_\_\_  
(Name of UT Resident)  
with \_\_\_\_\_, Program Director in the  
(Name of off-site Program Director)  
the \_\_\_\_\_ Program at the  
(off-site Program )  
\_\_\_\_\_  
(off-site Institution name)

We agree that the goals and objectives of this rotation will provide additional training experience outside University of Tennessee (UT) affiliated hospitals or clinical training sites. As with all resident rotations, clear goals and objectives are in place for this off-site rotation. Those goals and objectives have been discussed and reviewed with the off-site director who will provide on-site supervision for this rotation, mid-point performance feedback, and a final written evaluation.

Attached is either a letter from the off-site supervising faculty/institution agreeing to the above and verifying the rotation OR if required by the rotation site, the host institution's Program Letter of Agreement/Affiliation Agreement.

\_\_\_\_\_  
(SIGNATURE - UT PROGRAM DIRECTOR)

\_\_\_\_\_  
(PRINT NAME and TITLE)

**The resident is solely responsible for obtaining, at resident's personal expense, medical/professional liability insurance coverage for the resident's acts or omissions during the dates of this off-site rotation. By signing below, the resident acknowledges this responsibility. The resident also acknowledges his/her responsibility for meeting the licensure requirements in the state where the rotation occurs prior to the commencement date of the rotation. The resident must provide proof of such professional liability insurance coverage to the Program Director and to the host institution of the off-site rotation, but neither UT's nor the host institution's receipt of such documentation shall be deemed by implication or otherwise to be a determination by UT or the host institution as to the validity or adequacy of such professional liability insurance coverage. During the off-site rotation, the resident will be placed on an administrative leave.**

\_\_\_\_\_  
Resident/Fellow Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Manager/Program Coordinator Signature

\_\_\_\_\_  
Date

**EXHIBIT A**  
UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER  
GRADUATE MEDICAL EDUCATION PROGRAM  
OUT OF STATE OFF-SITE RESIDENCY ROTATION

RESIDENT ACKNOWLEDGMENT

I, \_\_\_\_\_, am currently enrolled in a medical residency program at The University of Tennessee Health Science Center (“UTHSC”). As a UTHSC medical resident, I am an employee of the University of Tennessee, which entitles me to salary and certain benefits, as well as statutory immunity from personal liability for my acts or omissions which occur within the scope of my employment by the University. However, I have requested to be placed on leave from my University employment to attend an off-site rotation in accordance with the terms of the University’s Off-Site Rotation Approval Process. I understand that, during the term of my off-site rotation, I will not be acting within the scope of my University employment, and that I will, therefore, not be entitled to statutory immunity from personal liability for my acts or omissions during such off-site rotation.

I further understand that I am solely responsible for obtaining, at my personal expense, medical/professional liability insurance coverage for my acts or omissions during the dates of this off- site rotation. I further understand that I may not be paid by the University during the dates of this off- site rotation and that I will be responsible for paying the full cost of group medical insurance (both University and employee portions) during the dates of this rotation. I understand that I must provide proof of such professional liability insurance coverage to the UT Program Director and to the host institution of the off-site rotation, but neither the University’s nor the host institution’s receipt of such documentation shall be deemed by implication or otherwise to be a determination by the University or host institution as to the validity or adequacy of such professional liability insurance coverage. I understand that I may be subject to personal jurisdiction for suit in the state where the host institution is located and might incur personal liability for any of my acts or omissions during this off-site rotation if my professional liability insurance does not adequately cover the liability for my acts or omissions during this off-site rotation, and that the University shall have no responsibility or liability for any such acts or omissions. I further understand that it is my sole responsibility to determine and to meet the licensure requirements of the state where the rotation occurs in advance of the commencement date of the rotation.

In signing below, I hereby acknowledge that I have had the opportunity to seek the assistance of personal legal counsel prior to signing this Acknowledgment, and that I have not relied on any advice or statements made by a University employee. I acknowledge and understand that it is my responsibility to seek and pay for my personal legal counsel as I deem necessary or appropriate to ensure that I have adequate professional liability insurance and meet all licensure requirements for this off-site rotation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_