OFF-SITE ROTATION APPROVAL PROCESS
University of Tennessee
Graduate Medical Education Program

The purpose of off-site rotations is to provide training experiences outside University of Tennessee (UT) affiliated hospitals or clinical training sites. In order to avail itself of an off-site rotation opportunity, the requesting program must first receive approval from the Designated Institutional Official (DIO). 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 ultimately responsible for the ability of his/her program to meet ACGME and RRC requirements within UT facilities whenever possible. In order 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 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 Affiliation Agreement
   (d) Goals and objectives for the rotation
   (e) Copy of malpractice insurance coverage, if the rotation occurs outside of Tennessee.

2) Upon receipt of completed Request for Approval of Off-site Rotation Form and accompanying documentation, GME staff will present the request to the DIO for approval.

3) GME staff will send notice of approval of request to the Program Director when the DIO gives final approval. Likewise, the GME Office will send notice of denial to the Program Director if the request is denied.

Unless the resident’s department reimburses GME for the associated costs, the resident will not be paid by UT during the dates of the off-site rotation and will be responsible for paying the full cost of group medical insurance (both UT and employee portion). The resident is also responsible for meeting the licensure requirements in the state where the rotation occurs.

The resident and Program Director are jointly responsible for determining that the resident has obtained professional liability coverage for the off-site rotation. Under the provision of the Tennessee Claims Commission Act, the University of Tennessee cannot provide medical liability coverage for out-of-state rotations or for unpaid in-state rotations. In-state institutions may also require commercial coverage with pre-determined limits in lieu of Claims Commission coverage.
REQUEST FOR APPROVAL OF OFF-SITE ROTATION

Approval for the following off-site rotation is requested in order 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.

Unless the resident’s department reimburses GME for the associated costs, the resident will not be paid by UT during the dates of the off-site rotation and will be responsible for paying the full cost of group medical insurance (both UT and employee portion). As described in the Off-site Rotation Approval Process, the resident and Program Director are jointly responsible for determining that the resident has obtained professional liability coverage for the dates of the rotation. The resident is also responsible for meeting the licensure requirements in the state where the rotation occurs.

In order to present this request to the DIO, the following required documentation is attached.
1) Request for Approval of 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 Academic Affiliation Agreement;
4) Written goals and objectives;
5) Copy of malpractice insurance coverage if the rotation occurs outside of Tennessee

Name of Resident(s):

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

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

Dates of Rotation: From ____________________ To ____________________

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

Notice of approval  ☐  Notice of denial  ☐  Signature of DIO  Date

c: Residency Coordinator
University of Tennessee Graduate Medical Education
Program Director Statement
Off-Site Rotation

As Program Director of the University of Tennessee Residency Training Program
in the Department of ________________________________,
(UT COM Dept.)
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 Department of __________________________________________ at the
(UT office department)
__________________________________________________________.
(Off-site department)

We are in agreement 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 Affiliation Agreement.

(SIGNATURE - UT RESIDENCY PROGRAM DIRECTOR)
__________________________________________
(PRINT NAME and TITLE)

The resident and Program Director are jointly responsible for determining that the resident has
obtained medical liability coverage for this rotation. By signing below, the resident acknowledges
this responsibility and that unless the resident’s department has agreed to reimburse GME for
associated costs, he/she will not be paid by UT during the dates of this off-site rotation and will be
responsible for paying the full cost of group medical insurance (both University and employee
portions). The resident also acknowledges his/her responsibility for meeting the licensure
requirements in the state where the rotation occurs.

__________________________________________  ________________________
Resident Signature                                      Date

__________________________________________  ________________________
Residency Coordinator Signature                             Date

Sponsoring Institution: University of Tennessee College of Medicine  Rev1 July 08
Rev2 (GMEC approved 5/14/10)                                 Eff. 7/1/05