

**OUT OF STATE 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 outside the state of Tennessee. In order to avail itself of an off-site rotation opportunity, the requesting program must first receive approval from the Office of Graduate Medical Education (GME). 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 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 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 of request to the Program Director when final approval is granted. Likewise, the GME Office will send notice of denial to the Program Director if the request is denied.

Under no circumstance will the resident be paid by 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). The resident is also responsible for meeting the licensure requirements in the state where the rotation occurs. During the off-

site rotation, the resident will be placed on an unpaid leave of absence from UT employment, and he/she will not be deemed by implication or otherwise as a UT employee during such rotation.

The resident is solely responsible for obtaining, at resident's personal expense, adequate professional liability coverage for the resident's acts or omissions during 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. Under the Tennessee Claims Commission Act, the University of Tennessee cannot provide medical/professional liability insurance coverage for out-of-state rotations or for unpaid non-UT employee in-state rotations. In-state institutions may also require commercial coverage with pre-determined limits due to the inapplicability of Claims Commission coverage.

## REQUEST FOR APPROVAL OF OUT OF STATE 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.

Under no circumstance will the resident be paid by 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). 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 an unpaid leave of absence from UT employment, and he/she will not be deemed by implication or otherwise as a UT employee during such rotation.

In order to present this request to GME, the following required documentation is 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.

.....  
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 GME Staff

\_\_\_\_\_

Date

c: Residency Coordinator

**University of Tennessee Graduate Medical Education**  
**Program Director Statement**  
**Out of State 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  
 (off-site department)

\_\_\_\_\_  
 (off-site institution name)

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 Program Letter of Agreement/Affiliation Agreement.

\_\_\_\_\_  
 (SIGNATURE - UT RESIDENCY 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 and that he/she will not be paid by UT during the dates of this off-site rotation and that the resident 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 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 unpaid leave of absence from UT employment, and he/she will not be deemed by implication or otherwise as a UT employee during such rotation.**

\_\_\_\_\_

Resident Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Residency Coordinator Signature

\_\_\_\_\_

Date

**EXHIBIT A**  
**THE UNIVERSITY OF TENNESSEE**  
**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 generally 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 an unpaid leave of absence from my University employment to attend an off-site residency 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 residency 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 will 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 in order to ensure that I have adequate professional liability insurance and meet any and all licensure requirements for this off-site rotation.

\_\_\_\_\_  
Signature

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

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