

**Winthrop-University Hospital**  
**Application for a Non-Standard Off-Site Elective Rotation**

<b>WUH Program:</b>		
<b>Resident Name:</b>		<b>PGY Level:</b>
		<b>Beeper #:</b>
<b>Program Director Name:</b>		

**\*\* Rotations will only be considered if they offer an experience that is not available at Winthrop University Hospital\*\***

**Rotation Information – To be Completed by Resident**

**Receiving Institution:** \_\_\_\_\_  
**Institution Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Rotation Name:** \_\_\_\_\_

**Purpose of Rotation:** \_\_\_\_\_  
 \_\_\_\_\_

**\*You MUST Attach list of Goals and Objectives (competency-based) to this form**

**ATTACH SEPARATE GOALS and OBJECTIVES SHEET (Typewritten)**

**Proposed Rotation Dates:** From: \_\_\_\_\_ to \_\_\_\_\_

**Name of Supervising Physician:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Board Certification:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone#:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**This experience is NOT available at WUH?** Yes \_\_\_\_\_  
**What is offered by this rotation that is not available at WUH?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval or Denial: Completion by Program Director**

**Rotation Approved:**  
**Reason for Non-Approval:**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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

**I concur that this experience is not  
available at Winthrop University  
Hospital**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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

**Program Director Signature:**

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

**After approval by Program Director, forward this form to the Office of Academic  
Affairs for completion.**

**Approval or Denial: Completion by GME Designated Institutional Official (DIO)**

**Rotation Approved:**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Reason for Non-Approval:**

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

**Director, DIO Signature:**

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

**Malpractice Insurance: Completion by Academic Affairs**

**Malpractice Insurance Coverage will be provided by:**

- WUH**
- Receiving Hospital**
- Neither**

**Letter of Agreement: Completion by Academic Affairs**

**Letter of Agreement Generated by:**

- WUH**
- Receiving Hospital**