REQUEST FOR AWAY/ELECTIVE ROTATION

This form should be completed for each outside Away/Elective rotation which is not part of the training Program’s standard rotations. Submit form and additional required documents to the Senior Director for GME/DIO at least 60 days prior to the start of the rotation.

1. Host Institution (name and location):

2. Preceptor at Host Institution:

3. Period of Rotation (specific dates):

4. Resident/Fellow who will rotate
   Name:
   Department:
   Program Director:
   PGY Level:

5. Reason for Rotation (specifically the educational merit, can attach separate letter)

   Additional required document to provide:
   - Letter of support from Program Director
   - CV of Preceptor
   - Goals and Objectives of Rotation (addressing ACGME competencies)

Resident Signature __________________________ Program Director Signature __________________________

Print Name __________________________ Print Name __________________________