

Request for Elective GME Rotation to Non-McGaw Institution

All requests must be submitted no less than 60 days prior to the start date of the planned rotation.

General Information (To be completed by the requesting resident)

Date of Request: _____
 Housestaff name: _____
 Program: _____
 Program Coordinator's name: _____
 Date Rotation Begins: _____
 Date Rotation Ends: _____

Member Institution ("Base Hospital" at which training program is based)

Northwestern Memorial Hospital (NMH)
 Ann & Robert H. Lurie Children's Hospital (LCH)
 Norwegian American Hospital (NAH)
 Rehabilitation Institute of Chicago (RIC)
 Northwestern Lake Forest Hospital (NLFH)

Non-Member Institution Information

Name: _____
 Location (City/State/Country): _____

Visa Status

Not Applicable
 H1-B
 J1
 F-1

Approval

Signature Date

Program Director: _____
 DIO: _____
 Approver for McGaw Affiliate _____

Educational Support and Justification for rotation

a. Summarize the educational objective and its relevancy to the residency program requirements, the scope of the activities to be covered in the rotation, and the length of the rotation. Please indicate whether it is a required or permitted rotation under ACGME standards.

b. Cite limitations at base institution and other McGaw members/affiliates in providing the needed educational experience.

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c. Identify the individual at the non-affiliated facility ultimately responsible for housestaff supervision during the proposed rotation. Please include a summary of the individual's relevant credentials.

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d. Summarize the non-affiliated facility's requirements for housestaff supervision.

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e. Summarize previous experience with utilization of this facility for non-base hospital rotations, if any.

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f. Will the non-affiliated facility provide professional liability coverage for resident during this rotation?

- Yes
- No

If this request is for an international rotation you must also submit the Waiver for Overseas Rotation.

Please return completed form with Program Director's signature to Angie Delk, a-delk@northwestern.edu. Additional signatures will be obtained through McGaw and McGaw member hospital.