

## Request for Elective GME Rotation to Non-McGaw Institution

All requests must be submitted no less than 120 days prior to the proposed start date of the planned rotation.

Once approved, this application signifies support for the **educational merit** of the proposed elective, and the 120-day timeline begins. This elective request may also require a legally binding agreement between McGaw, the base hospital, and the site. The program-level PLA alone does not satisfy this legal requirement. **Do not make travel arrangements or solidify a schedule for this rotation until receiving final email confirmation from McGaw Medical Center.**

Return completed form with Program Director's signature to Jadrianna Sobczak, [jadrianna.sobczak@northwestern.edu](mailto:jadrianna.sobczak@northwestern.edu). Additional signatures will be obtained through McGaw and the base hospital.

Specify type of experience:      Clinical Rotation                      Observership                      On-Site Research                      Remote Research

### General Information

Date of Request: \_\_\_\_\_  
Trainee Name: \_\_\_\_\_  
Trainee NU Email: \_\_\_\_\_  
Program: \_\_\_\_\_  
Date Rotation Begins: \_\_\_\_\_  
Date Rotation Ends: \_\_\_\_\_

### Hospital at Which Training Program is Based

Northwestern Memorial Hospital  
Ann & Robert H. Lurie Children's Hospital  
Swedish Hospital  
Shirley Ryan AbilityLab  
Northwestern Medicine Lake Forest Hospital  
Northwestern Medicine Delnor Hospital

### Non-Member Institution Information

Site Name: \_\_\_\_\_  
Physical Location of Site (Address, City, State, Country): \_\_\_\_\_  
Site Contact Name and Title: \_\_\_\_\_  
Site Contact Email: \_\_\_\_\_

Ensure this contact is the individual responsible for reviewing legal agreements.

### Visa Status

Select one:

### Approval

Program Director: \_\_\_\_\_

Designated Institutional Official: \_\_\_\_\_

Approver from Base Hospital of the Program: \_\_\_\_\_

**Educational Support and Justification for Rotation**

1. Summarize the educational objectives and their relevancy to the training program requirements, the scope of the activities to be covered in the rotation, and the length of the rotation.

2. Explain why the requested experience cannot be met at the base hospital or other McGaw member institution.

3. Identify the individual at the non-affiliated site ultimately responsible for trainee supervision during the proposed rotation, including title and contact information.

4. Has the program verified whether additional ACGME approval is needed via the specialty-specific Review Committee's website? If yes, describe the process and timeline below.