**Program Letter of Agreement (PLA)**

**between McGaw Medical Center’s *(Enter Residency/Fellowship Program Name)* and**

**Participating Site *(Enter Site and Program Name)***

 *This document serves as an Agreement between McGaw’s* ***[Enter Residency/Fellowship Program]*** *and* ***[Enter Participating Site]*** *involved in resident/fellowship education.*

This Letter of Agreement is effective from \_\_/ \_\_/\_\_\_\_, and will remain in effect for ten (10) years, or until updated, changed or terminated by the ***[Enter Residency/Fellowship Program]***and ***[Participating Site].***

***Please specify which type of rotation this will be (choose all that apply):***

* Required
* Elective
	+ Standing

Frequency: [ ]  Daily [ ]  Weekly [ ]  Bi-Weekly [ ]  Monthly

* + One-off

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Persons Responsible for Education and Supervision**

At Sponsoring Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

McGaw Program Director

At Participating Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Director

 Location of Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Physical Address of Participating Site (Address, City, Zip Code)

List other faculty by name or general group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

The above mentioned people are responsible for the education and supervision of the residents/fellows while rotating at Participating Site.

1. **Responsibilities**

The faculty at Participating Site must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

1. **Content and Duration of the Educational Experiences**

The content of the educational experiences has been developed according to the current ACGME Residency/Fellowship Program Requirements and are delineated below and/or in the ***attached competency-based goals and objectives document*.**

* + -
		-

In cooperation with Program Director, the Site Director and faculty at Participating Site are responsible for the day-to-day activities of the Residents/Fellows to ensure that the goals and objectives are met during the course of the educational experiences at Participating Site.

1. **Policies and Procedures that Govern Resident Education**

Residents/Fellows will be under the general direction of the McGaw Graduate Medical Education Committee’s and Program’s Policy and Procedure Manual <http://mcgaw.northwestern.edu/policies/index.html>.

**McGaw Residency/Fellowship Program**

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

Program Director Signature Date

**Participating Site**

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

Site Director Signature Date

**McGaw Medical Center of Northwestern University**

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

Designated Institutional Official Signature Date

 V12\_03.2022