

THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
OFFICE OF GRADUATE MEDICAL EDUCATION

**REQUEST FOR ELECTIVE ROTATION
From a Non-JHU-Sponsored Program
To Sibley Memorial Hospital (SMH)
(RESIDENTS AND CLINICAL FELLOWS)**

This form should be completed for an outside elective rotation which is not part of the training program's standard rotations. The sponsoring program submits the completed form to the program contact for the Hopkins' department, who will then submit form to GMEOffice@jhmi.edu.

Period of Rotation: (Specific dates-mm/dd/yy)	From:		To:	
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Sponsor Institution: (Name and full mailing address of location plus name and email address of contact person)	
Training Program:	
Training Program Director:	
Name of Rotator:	
Year in Training Program:	
Sibley Memorial Hospital Department:	
Sibley Memorial Hospital Preceptor:	

This rotation will: Involve direct patient care Involve observation only

1. Professional liability insurance (Minimum requirements: \$1 Million per incident/\$3 Million aggregate.):
will be provided by: Sponsor SMH

If by Sibley Memorial Hospital, Certificate of Insurance shall be sent to:

2. Salary and Fringe Benefit Payments to be made by: Sponsor SMH

3. Reimbursements

There are no reimbursements to be made.

There is an agreement for reimbursement to be made between institutions; please attach a copy of the reimbursement agreement.

4. SMH Responsibilities for the Rotation:

- a. SMH recognizes that the Program Director of the Sponsor's Program has the responsibility for the overall administration of the Training Program for the resident/clinical fellow.
- b. The SMH Preceptor shall evaluate the resident/clinical fellow upon completion of the rotation. (Does not apply for observation)
- c. The SMH Preceptor shall distribute to the resident/clinical fellow copies of SMH policies, rules and regulations that will be applicable to the resident/clinical fellow.
- d. The SMH Preceptor will be responsible for coordinating and administering the rotation and will report all issues relating to the resident/clinical fellow to the Sponsor's Training Program Director.
- e. The SMH will provide to the resident/clinical fellow the equipment, resources, facilities and professional/technical/clerical personnel necessary for the rotation.

8. Objectives for this Rotation (please list at least one objective per ACGME Competency; attach additional page(s) if necessary). Every box in this chart needs to be filled.

List objective(s) under each competency heading	List the method for accomplishing the objective	List the evaluation method for assessing competence
Patient Care		
Medical Knowledge		
Practice-based learning and improvement		
Interpersonal and Communication Skills		
Professionalism		
Systems-based Practice		