

***PROCEDURE FOR
REQUESTING AN OFF-SITE ELECTIVE***

The following procedure must be followed for University of Chicago Medical Center (UCMC) residents/fellows interested in participating in any off-site activity related to clinical training. No rotation is authorized to begin until this form receives all necessary approvals.

1. It is the responsibility of the training program to make all arrangements for the off-site elective and to follow all UCMC procedures prior to engaging in the off-site elective. Failure to follow relevant procedures may jeopardize malpractice coverage for that rotation.
2. The training program must complete and submit to the GME office (J-141) the attached Off-Site Elective Application Form which includes a concise, specific description of the elective rotation, the name of the visiting institution, the faculty supervisor who will perform the resident/fellow's evaluation and the party responsible for providing malpractice insurance coverage. The completed form should be submitted 4 weeks prior to the requested start date.
3. A completed Program Letter of Agreement (PLA) is required to be submitted with the completed Off-Site Elective Application Form.

UNIVERSITY OF CHICAGO AND UNIVERSITY OF CHICAGO MEDICAL CENTER
Application for Extension of Professional Indemnification
(Malpractice Coverage) for
Off-Site Residency Rotation

Name _____ Date _____

Department/Section _____ UCMC Start Date _____ UCMC Ending Date _____

Name of Off-Site Location: _____

** Off-Site Address: _____

Off-Site Immediate Supervisor Name: _____ Title: _____

Off-Site Supervisor Phone: _____ Fax: _____

Off-Site Starting Date: _____ Off-Site Ending Date: _____

Description of proposed elective experience: _____

Will you be (please check all that apply):

- Observing?
Performing Surgery? Please Specify:
Performing Clinical Activity?
Other? Please Specify:

If the immediate supervisor will not be completing the resident evaluation, please indicate the name of the person who will do so:

Is your off site activity pursuant to a written agreement, such as an affiliation agreement or program letter of agreement?

- No, Please contact your Program Director and/or the Graduate Medical Education Office to determine whether a written agreement is necessary for your off site activity.
Yes, (Please attach)

Do you need a letter certifying coverage? No Yes, To whom?

**If elective is outside of Illinois, please attach a copy of your medical license in the state in which the elective will be performed.

Please obtain the approvals below before returning the completed form to:
Office of Legal Affairs, 5841 S. Maryland Ave., MC1132, Chicago IL 60637; Phone: 2-1057; Fax: 2-9310; Room G-104.

Table with 2 columns: Approval Name, Date. Rows include Resident/Fellow, Immediate Supervisor of Off-Site Location, UCMC Program Director, Approved by Department Chairman, Approved by Graduate Medical Education.

For OLA use only.

Malpractice Extension Approved: Ex. Dir. UCH Prof. Liability Indem. Plan _____ Date _____