NOTICE: The information submitted on this form will be placed in a formal GME Consortium letter of agreement developed by the Legal Department. This is only a questionnaire. Please be advised that the final agreement is not valid until signed by the Executive Vice Chancellor and Dean of Medical Affairs for WUSM, the Chief Medical Officer for BJH and the proper institutional official at the participating site. **TRAINEEs MAY NOT BEGIN AN OFF-SITE ROTATION UNTIL THE AGREEMENT IS FULLY SIGNED BY ALL OF THE OFFICIALS LISTED ABOVE.**

Please allow a minimum of 6 – 8 weeks for Legal to develop the agreement and obtain appropriate signatures from each of the members listed above. In order to ensure rotations begin on the date expected program directors are encouraged to confirm all rotation arrangements before submitting the questionnaire. Forms should be sent to the Office of the Associate Dean for GME, Attention: Tia Drake, Executive Director for GME, Campus Box 8033 or by email to draket@wustl.edu.

**QUESTIONNAIRE**

Name of Resident/Fellow and PGY Level? ________________________________

Name of training program requesting the agreement? ________________________________

Resident/Fellow paid by WUSM, BJH, or SLCH? ________________________________

Name of Participating Institution? ________________________________

1. Identify the official(s) at the participating institution who will assume administrative, educational, and supervisory responsibility for the trainee(s);

2. Outline the educational goals and objectives and scope of care to be attained within the participating institution;
3. Outline any additional areas specific to your RRC Program Requirements that must be included in the final letter of agreement. (See ACGME website @ www.acgme.org for program requirements).

4. Specify the start and end dates for the assignment of trainees to the participating institution.

5. Specify which institution will cover salary, benefits, and medical malpractice insurance for the house staff member(s) while participating on this rotation. (Note: For WUSM paid house staff, medical malpractice is covered. However, BJH will **NOT** cover medical malpractice for any away rotation. Please discuss and confirm medical malpractice coverage with the participating institution before submitting this form).

6. Determine the participating institution’s responsibilities for teaching, supervision and formal evaluation of trainees’ performance.

7. Establish with the participating institution the policies and procedures that govern trainees’ education while rotating to the participating institution in addition to policies at the participating institution.

   *Trainees sponsored by the WUSM, BJH, SLCH GME Consortium are expected to adhere to the policies and procedures outlined in the GME Consortium Operating Principles document.*

   List any additional participating institutional policies below:
8. Please provide contact information for the institutional official at the participating institution who has the authority to sign the formal agreement on behalf of the participating institution.

Name:

Title:

Mailing Address:

Office Phone Number:

Fax Number:

My signature below confirms that I have reviewed the RRC Program Requirements prior to submitting this request for a Consortium Letter of Agreement. In addition, I understand that the rotation must not commence until the appropriate institutional officials for the GME Consortium AND the participating institution has signed the formal letter of agreement developed by the Legal Department.

________________________________________
Signature of Program Director / Date

________________________________________
WUSM GME Office Approval / Date

________________________________________
BJH-GME Office Approval / Date

________________________________________
Date Submitted to Legal Department