**GME Consortium Letter of Agreement Template**

**LETTER OF AGREEMENT QUESTIONNAIRE**

**NOTE:** 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.**

**AGREEMENTS AND VISITORS WILL NOT BE REVIEWED/PROCESSED/ONBOARDED FROM MARCH 1 AUGUST 31. Submissions may begin August 15th.** Please allow a minimum of 12– 16 weeks for Legal to develop the agreement and obtain appropriate signatures from each of the members listed above. Rotations submitted in August should target a timeframe that allows the GME office to complete the development and execution of the agreement. In order to ensure rotations begin on the date expected program directors are encouraged to confirm all rotation arrangements before submitting the questionnaire. Questions can be directed to Brittany Hanes, Institutional Coordinator, [gme@wustl.edu](mailto:gme@wustl.edu), and/or Terra Mouser, Director BJH GME, [gs-gme@bjc.org](mailto:gs-gme@bjc.org). Forms must be submitted through Qualtrics:

<https://wustl.az1.qualtrics.com/jfe/form/SV_eX725aBwBBUfQrQ>

**QUESTIONNAIRE**

Name of Resident/Fellow and PGY Level? Click or tap here to enter text.

Name of training program requesting the agreement? Click or tap here to enter text.

Resident/Fellow paid by WUSM, BJH, or SLCH? Click or tap here to enter text.

Is the resident/fellow a visa (H1B, J1, or other)? Click or tap here to enter text.

Name of Participating Institution? Click or tap here to enter text.

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

|  |
| --- |
| Click or tap here to enter text. |

1. **Outline the educational goals and objectives and scope of care to be attained within the participating institution:**

|  |
| --- |
| Click or tap here to enter text. |

1. **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**](http://www.acgme.org/) **for program requirements).**

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

1. **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).**

|  |
| --- |
| Click or tap here to enter text. |

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

|  |
| --- |
| Click or tap here to enter text. |

1. **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.**
   1. *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.*
   2. **List any additional participating institutional policies below:**

|  |
| --- |
| Click or tap here to enter text. |

1. **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.**
   1. **Name:** Click or tap here to enter text.
   2. **Title:** Click or tap here to enter text.
   3. **Mailing Address:** Click or tap here to enter text.
   4. **Office Phone Number:** Click or tap here to enter text.
   5. **Email:** Click or tap here to enter text.
2. **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**