

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

**REQUEST FOR ELECTIVE ROTATION
From a Non-JHU-Sponsored Program
To The Johns Hopkins Hospital (JHH)
(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.

Sponsor Institution: (Name and full mailing address of location plus name and email address of contact person)			
Training Program:			
Training Program Director:			
Period of Rotation: (Specific dates-mm/dd/yy)	From:		To:

Name of Rotator:	
Year in Training Program:	
Johns Hopkins Hospital Department:	
Johns Hopkins Hospital Preceptor:	

1. Attach a copy of the competency-based goals and objective for this rotation.
2. Professional liability insurance (Minimum requirements: \$1 Million per incident/\$3 Million aggregate.): will be provided by: _____ Sponsor _____ JHH
If by Johns Hopkins, Certificate of Insurance shall be sent to:

3. Salary and Fringe Benefit Payments to be made by: _____ Sponsor _____ JHH

4. 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.

5. JHH Responsibilities for the Rotation:

- a. JHH 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 JHH Preceptor shall evaluate the resident/clinical fellow upon completion of the rotation.
- c. The JHH Preceptor shall distribute to the resident/clinical fellow copies of JHH policies, rules and regulations that will be applicable to the resident/clinical fellow.
- d. The JHH 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 JHH will provide to the resident/clinical fellow the equipment, resources, facilities and professional/technical/clerical personnel necessary for the rotation.
- f. Any removal or discipline of the resident/clinical fellow by the JHH will be discussed with the Sponsor's Training Program Director prior to action; provided, however, JHH may take action when, in its opinion, the resident/clinical

