

Graduate Medical Education

125 Doan Hall

410 West 10th Avenue

Columbus, Ohio 43210

614-293-7326 Phone

614-293-7966 Fax

**Wednesday, October 11, 2023**

**Resident**

**Department**

**CAMPUS**

Re: Residency Rotation at **Facility** in **Country.**

Dear Dr. **Resident Name**:

This letter will confirm our understanding concerning your residency rotation at **Facility** in **Country.**

The rotation period will begin on **start date** and will end on **end date**. Your Educational Goals and Objectives during the rotation are as follows:

**a. fill in**

**Site Director** will serve as your Rotation Director while at **Facility.** The Rotation Director will be responsible for providing teaching and evaluation in accordance with the Educational Goals and Objectives set forth above. At the conclusion of the rotation, the Rotation Director will provide a report to OSU on your attainment of the Educational Goals and objectives. Dr. **OSU** **Program Director** will serve as OSU’s liaison with **Facility.**

During the term of the rotation, OSU shall continue to pay your OSUWMC salary and fringe benefits. Except as noted below, all other applicable provisions of your Limited Staff Agreement will continue to apply. You also must comply with all policies, procedures and rules of **Facility.**

Health insurance coverage provided under your Limited Staff Agreement will not be available to you during your rotation in **Country.** You are responsible for obtaining appropriate health insurance coverage and it is highly recommended that you also obtain repatriation insurance.

You will be responsible for obtaining any necessary licenses or permissions to practice medicine in **Country.** You should discuss these issues with the Rotation Director in **Country** and make sure that you have obtained the necessary licenses and appropriate professional liability protection.

You further agree to:

a. Pay for travel to and from **Country;**

b. Obtain any necessary immunizations recommended for travelers to **Country;**

c. Obtain a visa and any other documentation or approvals necessary for travel to and residence in **Country;**

d. Make arrangements and pay for housing and transportation during the rotation;

e. Pay for your day-to-day living expenses while in **Country;**

Within 30 days after completion of the rotation, you must provide a report on your activities at **Facility.**

If for any reason you return to the United States prior to the scheduled completion of the rotation, or if the Rotation Director reports that you have failed to attain the Educational Goals and Objectives, then the OSU Program Director will determine the steps that must be taken to ensure proper completion of OSU training program requirements.

Travel and residence in a foreign country may give rise to risks not present in the United States. Transportation may not be subject to the same safety standards as those in the U.S. Public safety personnel may not provide an adequate level of personal security. The laws of many foreign countries do not provide for due process and individual rights to the same extent as those in the United States. If you violate the laws of **Country,** Ohio State cannot officially represent you or your legal interests.

Your participation in this foreign rotation is purely voluntary and is not required for completion of your residency at the OSU Wexner Medical Center. In consideration for the opportunity to participate in this foreign rotation, you agree to release and forever discharge The Ohio State University, and its trustees, officers, employees, and agents from all legal claims for injuries, damages, or losses of any kind, which may arise out of your participation in this program.

If you are in agreement with the foregoing terms, please sign the enclosed copy of this letter on behalf of **Facility**  and return to the GME Office, 125 Doan Hall.

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**Program director**, M.D. Date

Program Director

Department of **program**

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Scott Holliday, M.D. Date

Associate Dean for GME/DIO

Associate Medical Director, University Hospital

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Andrew M. Thomas, M.D., M.B.A. Date

CCO, Wexner Medical Center

I agree to the terms set forth above:

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**Trainee**, M.D. Date