

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**

**Affiliate Program Director Name**

**Affiliate Site**

**Address**

Re: Rotation for **resident**, OSU **program** Residents, to **facility** in **Country.**

Dear **Site Director**:

This letter confirms the understanding between The Ohio State University Wexner Medical Center (“OSU”) and **facility** concerning graduate training in the practice of medicine for **resident**, (“Trainees”). Conditions of the training rotation are as follows:

1. Term of Rotation. The rotation period will begin on **date** and will end on **date**.

2. Rotation Director. **Site Director** will serve as Rotation Director for Trainees while at **facility**. The Rotation Director will be responsible for providing the teaching and evaluation of the Trainee in accordance with the Goals and Objectives set for the below.

3. OSU Program Director. OSU will designate **Program Director**, Program Director for the **program** Residency Training Program to serve as OSU’s liaison with **facility**.

4. Educational Goals and Objectives. Trainees will engage in the following activities at **facility**:

**a. fill in**

5. **Facility** Responsibilities. The **facility** Rotation Director shall:

a. Ensure that Trainees are informed of all policies and procedures of **facility** applicable to Trainee;

b. Ensure that Trainees are fully informed of all laws and regulations of **country** applicable to the practice of medicine, malpractice and other types of legal liability and provide Trainees with appropriate assistance in complying with those requirements;

c. Provide overall supervision and teaching of the Trainees;

d. Evaluate the Trainees at the conclusion of the rotation and provide a written evaluation report to OSU no later than **one month after rotation ends**.

6. OSU Responsibilities.

a. During the term of this agreement, OSU shall continue to pay the Trainees OSUWMC resident’s salary and fringe benefits. (No funds will be transferred between OSU and **facility** for this rotation.)

b. The OSU Program Director will provide **facility** with sufficient information about Trainees’ educational program and the objectives of this rotation to enable **facility** to evaluate Trainee’s performance

7. Trainee’s Responsibilities. Trainees agree to:

a. Comply with all policies, procedures and rules of **facility**;

b. Provide proof of vaccinations sufficient to meet **facility** ’s guidelines;

c. Obtain any necessary licenses or permissions to practice medicine in **country**;

d. Pay for travel to and from **country**;

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

f. Make arrangements for housing and transportation during the rotation;

g. Pay day-to-day living expenses while in **country**;

h. Obtain health insurance covering the period of the rotation in **country**.

i. Comply with all applicable policies and procedures of **facility**.

j. Provide a report on his or her activities at **facility** no later than 30 days after completion of the rotation.

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 Ohio State University, Graduate Medical Education Office, 125 Doan Hall, 410 west 10th Avenue, Columbus, Ohio 43210 USA. (Signature by facsimile will be deemed as an original).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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

Program Director

Department of **program**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Scott Holliday, M.D. Date

Associate Dean for GME/DIO

Associate Medical Director, University Hospital

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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

CCO, Wexner Medical Center

**Facility**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Site Director** Date