

# RESIDENT REQUEST FOR INTERNATIONAL ROTATION Application/Approval

RESIDENT NAME:

DATE:

PGY YEAR:

DATES OF ROTATION:

LOCATION:

GOALS & OBJECTIVES:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE OR EMAIL:

- Copy of Goals and Objectives (attached)
- Copy of curriculum (Service and Educational) (attached)
- List of core and miscellaneous responsibilities (attached)
- Letter from program director stating credit for rotation/procedures/case logs (attached)
- Letter of agreement between MMC and receiving program/institution (attached)
- Signed Release & Hold Harmless Agreement
- Verification of travel immunizations, medications, visas, passports, travel insurance and other administrative travel requirements
- Acknowledgment to have returned with completed evaluation by supervising physician who directly observed the resident in the international location
- Acknowledgment that resident to complete a Report/journal of activities, functions, achievements, social, medical and educational impact/contributions at the end of the rotation.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director, Emergency Dept

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Graduate Medical Education

\_\_\_\_\_  
Date