

Program Letter of Agreement
Between
«Organization» and «Organization»
Effective Date:

**Residency
Program:**

**Program Director:
Assistant Program Director:**

I. Individuals who assume administrative, educational and supervisory responsibility for the residents while rotating at «Organization»:

Rotation Site Director: «First_Name» «Rotation_Site_Director_Lastname», «Title»

Rotation Teaching Faculty:

XXRotationXX
XXPhysicianXX

XXRotationXX
XXPhysicianXX

Names marked with an asterisk (*), have a coordinator/administrative role for the residents' rotations.

Responsibilities:

The Rotation Site Director at the teaching site will:

- Coordinate the resident rotation schedules
- Ensure that evaluations are completed for the resident and returned to the Program

Teaching faculty for the rotation will:

- Provide direct supervision of the residents in their clinic/on inpatient service at all times
- Oversee the residents' overall clinical experience including performance of any technical procedures
- Ensure that training goals and objectives are completed for each resident
- Evaluate resident performance on the rotation
- Communicate with the residency Program Director regarding specific resident issues or concerns

The XXXX Residency Program Director and Assistant Program Director have primary responsibility to see that objectives and goals of the training program are fulfilled for each rotation.

The XXXX Residency Program assumes responsibility for ensuring that Caregiver Background Checks are completed for all residents, and that each resident has received training in blood-borne pathogens and HIPAA privacy requirements.

II. Educational content:

Educational goals and objectives for XXXXXXXX are attached.

III. Duration of Assignment:

All rotations

PG Level	Duration of Assignment
PGY-2	XXUp to 25 weeks, 1-3 half-days per week
PGY-3	XXUp to 25 weeks, 1-3 half-days per week

IV. Funding responsibility for rotations at «Organization»

A.

Financial arrangements are detailed in the Master Affiliation Agreement and supporting financial documents between XXX and XXX. Residents on training rotations have medical malpractice and liability insurance coverage through XXX.

OR

B.

The XXX remains responsible for the resident compensation and benefits during these training rotations. Residents on training rotations have medical malpractice and liability insurance coverage through XXX.

V. Policies and procedures governing family medicine residents while rotating at «Organization».

Residents are required to follow the policies and procedures of XXX. Violations by residents should be reported to XXX for follow-up and/or disciplinary action as may be appropriate.

VI. Renewals and Updates.

This Program Letter of Agreement will be revised and renewed at least every five years. Updates of educational goals and objectives, name(s) of teaching faculty, and other changes may be provided as an amendment to this agreement annually, and more frequently as may be appropriate. XXX will also communicate names of residents on rotations, schedule dates, and other pertinent information as appropriate.

VII. Signatures in acknowledgement of this Program Letter of Agreement.

XXXX, MD
Program Director
XXXX Residency Program

Date

XXXX, MD
Department Chair
Institutional Sponsor

Date

«First_Name» «Rotation_Site_Director_Lastname»
«Title»
«Organization»

Date

VIII. Program Contact Information