



Robert Wood Johnson
Medical School

Date: _____

_____ (Hospital/Institutional Representative)

_____ (Site name)

_____ (Address)

Re: Description of Rotation for _____ residents at _____ (site)

Dear Dr. _____: (Institutional Representative)

The purpose of this letter of agreement is to continue to formally document the conditions of our long-standing affiliation, as it affects the assignment of residents from our residency program in _____ (Program description) at Rutgers Robert Wood Johnson Medical School to the _____ (name of Hospital/Institution). The term of this Agreement shall be for a period of one (1) year from the Effective Date. Renewal thereafter shall be automatic for successive periods of one (1) year, unless either party notifies the other party, in writing, that they wish not to renew the Agreement. The following description outlines the functioning rotations of _____ (type of Program) residents while at your institution effective _____ (date).

Consistent with ACGME requirements for inter-institutional agreements, Rutgers Robert Wood Johnson Medical School as the sponsoring institution continues to be responsible for the quality of our residents' educational experiences and retains overall authority over our residents' activities while they are at _____ (Hospital/ Institution's Name)

As required by the ACGME, this letter covers: 1) the officials of _____ (Hospital/Institution's Name) who will assume administrative, educational and supervisory responsibility for our residents while on rotation; 2) the educational goals and objectives to be attained by our residents while at the Institution; 3) the period of assignment of our residents to the _____ (Hospital/Institution's Name) rotation, the financial arrangements, and the details for their malpractice insurance and benefits; 4) _____ (Hospital/Institution's Name) responsibilities for teaching, supervising and formally evaluating our residents' performances while on rotation; 5) the policies and procedures that govern our residents' education while they are rotating to _____ (Hospital/Institution's name).

Item 1: _____, MD and the teaching faculty at _____ (Hospital/Institution's name) will assume administrative, educational, and supervisory responsibilities for the residents, subject to the overall control and direction of the Rutgers Robert Wood Johnson Medical School Program Director, MD.

Item 2: The educational goals and objectives of the rotations at _____ (Hospital/Institution's name) include the following /are attached.

Item #3: _____ (number of residents at each PG level on site) will rotate to _____ (Hospital/Institution's name) for _____ weeks/months each year. _____ ([Hospital/Institution name, and/or Rutgers Robert Wood Johnson Medical School] will continue to pay our residents' salaries, malpractice insurance and benefits while they are at _____ [Hospital/Institution's Name]- Please be specific about the FTE's to be paid by other hospital/institutions. Rutgers Robert Wood Johnson Medical School residents at _____ (Hospital/Institution's name) will not be reassigned to other sites or assigned to additional types of duties without the express approval of the Rutgers Robert Wood Johnson Medical School Program Director.

Item 4: _____ (Hospital/Institution name) is responsible for providing sufficient resources and assuring supervision for the proper conduct of the resident during the period of the residents' rotation at _____ (Hospital/Institution name). During these rotations, there is ongoing communication between the faculty at both institutions in connection with the residents' activities and progress. At the completion of each rotation, the supervising faculty at _____ (Hospital/Institutions' Name) will complete written resident evaluations, and provide the residents with an opportunity to meet to discuss their evaluations. The residents will evaluate their rotations at _____ (Hospital/Institution's Name), in writing, and the results of those evaluations will be shared with you.

Item 5: In each of the _____ residents' _____ rotations at _____ Hospital/Institution's Name), the residents' education is governed by the policies and procedures of _____ (Hospital/Institution's Name), which may set standards and establish reasonable rules and regulations which may govern the conduct of residents. _____ (Hospital/Institution name) shall orient and adequately inform residents regarding any rules, policies, procedures or customs.

Please be aware of your need to comply with the new HIPAA regulations.

Your signature below indicates that I have accurately described the experiences obtained by _____ residents during their rotations at _____ (institution name).

Please sign where indicated below and return this letter to _____ by _____ (date),

Sincerely,

(Program Director)

(Chair of the Department)

Michael Kelly, MD
Associate Dean for Graduate Medical Education

(Person in charge of residents at [name of institution])

(CEO of other institution)

cc: Office of Graduate Medical Education
Rutgers Robert Wood Johnson Medical School