EDUCATIONAL ROTATION LETTER OF AGREEMENT  
[Non-VCUHS Educational Rotation]

This agreement is between the residency training program in PROGRAM NAME at Virginia Commonwealth University Health System (VCUHS) and the resident’s HOME INSTITUTION.

Both parties agree to the following provisions:

1. The director of the PROGRAM Residency/Fellowship Program at VCUHS is PROGRAM DIRECTOR. The attending physician who will assume administrative, educational, and supervisory responsibility for the resident(s) during their rotation at VCUHS is FACILITY PROGRAM DIRECTOR.

2. The educational goals and objectives for this rotation in the participating institution are (WHAT, WHY, HOW LONG):

3. Supervision and Evaluation: (HOW IS THIS DONE)

4. This agreement is effective for the rotation period beginning ROTATION START DATE and concluding ROTATION END DATE. Either party reserves the right to cancel this agreement.

5. Salary and benefits including Professional Liability Insurance and Worker’s Compensation Coverage will be provided by the HOME INSTITUTION. A certificate of liability insurance coverage, including coverage limits, and verification of Worker’s Compensation coverage will be provided by HOME INSTITUTION.

6. Dr. NAME OF ROTATOR is currently a PGY LEVEL resident/fellow in PROGRAM at FACILITY. Dr. NAME OF ROTATOR is in good standing with HOME INSTITUTION & PROGRAM.

FOR: Virginia Commonwealth University Health System: 

FOR: HOME INSTITUTION

PROGRAM DIRECTOR SIGNATURE ________ ATTENDING SIGNATURE ________
Program Director Name Date Facility Program Director Name Date

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Brian M. Aboff, MD
Director, Graduate Medical Education

Effective 09/19/2017