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|  | **UNIVERSITY OF VIRGINIA HEALTH SYSTEM****AWAY ROTATION APPLICATION** |
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| **Form B: Required Rotation or Recurring Elective Rotation-SUBSEQUENT** |
| **Type of Rotation** | ( ) Required ( ) Elective |
| 1. **General Information**
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| **Program** |  |
| **Name of Away Rotation Institution** |  |
| **Faculty/Physician Supervisor at the Rotation Institution** |  |
| **Program Letter of Agreement** | ( ) Effective until (mm/dd/yy)( ) Not required for elective rotations |
| 1. **Trainee’s Acknowledgement**
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| **By signing below, I am in agreement with the terms of this away rotation;** 1.  I must notify my program director as soon as possible if any of the following events occur;         If any changes occur in rotation institution, schedule, or supervising faculty listed on this form;           If I am involved in a patient safety issue at my away rotation site;  or          If there is insufficient supervision or unsafe working conditions at my away rotation site.2. I must seek immediate care by going to the Occupational Health or Emergency Department at my rotation institution in the event I sustain a workplace injury or exposure.  I must contact UVA’s Employee Health immediately (or on the next business day if exposure occurs after hours or on a weekend) by calling (434) 924-2013 to report the incident. 1. I am aware that I am required to submit a petition for exemption to the University of Virginia Policy on Student International Travel (PROV-010) for travel to countries or regions designated under Section 4 of the Policy and listed on the ISO website under "Travel Alerts, Notices, and Warnings." I acknowledge that I have consulted with the University’s International Studies Office regarding travel alerts and restrictions in the country and/or region I am traveling to or through.
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| **Trainee Name** |  | **Cell**  |  |
| **Rotation Starting Date** |  | **Rotation Ending Date** |  |
| **Signature** |  | **Date** |  |

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| 1. **Program Director’s Acknowledgement**
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| 1. I endorse the unique educational value that this rotation offers in the education of the trainee and have approved the rotation for the trainees listed above. I am aware that adequate supervision of the trainee must be provided at the participating institution.

 1. I acknowledge that communication has been made with the faculty supervisor at the rotating institution regarding the educational goals and objectives, supervision, and evaluation of the trainee during this rotation.
2. I must notify the GME office immediately when the trainee 1) sustains workplace injury or exposure; 2) encounters insufficient supervision or unsafe working conditions; or 3) gets involved in patient safety issues at the rotation institution.
3. I am aware that the trainee is required to submit a petition for exemption to the University of Virginia Policy on Student International Travel (PROV-010) when the trainee’s travel will be to countries or regions designated under Section 4 of the Policy and listed on the ISO website under "Travel Alerts, Notices, and Warnings." I attest that the trainee has consulted with the University’s International Studies Office regarding travel alerts and restrictions in the country and/or region the trainee is traveling to or through.

By signing below, I am in agreement with the terms of this away rotation.  |
| **Signature of Program Director** |  | **Date** |  |