



UNIVERSITY OF VIRGINIA HEALTH SYSTEM
AWAY ROTATION APPLICATION

Form B: Required Rotation or Recurring Elective Rotation-SUBSEQUENT

Type of Rotation	Required	Elective
I. General Information		
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	
II. Trainee's Acknowledgement		
<p><u>By signing below, I am in agreement with the terms of this away rotation;</u></p> <ol style="list-style-type: none">I must notify my program director as soon as possible if any of the following events occur;<ul style="list-style-type: none">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; orIf there is insufficient supervision or unsafe working conditions at my away rotation site.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.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.		
Trainee Name		Cell
Rotation Starting Date		Rotation Ending Date
Signature		Date

III. Program Director's Acknowledgement

- 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.
- 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.

3. 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.
4. 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	
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