THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE OFFICE OF GRADUATE CLINICAL EDUCATION

REQUEST FOR ELECTIVE ROTATION OUTSIDE OF TRAINING PROGRAM'S STANDARD ROTATIONS (ALLIED HEALTH TRAINEES)

This form should be completed for an outside elective rotation which is not part of the training program's standard rotations. The sponsoring program submits the completed form to the program contact for the Hopkins' department, who will then submit form to GCEOffice@jhmi.edu for final approval by the Director of Graduate Clinical Education.

Period of Rota	tion: (Specific dates-mm/dd/yy)	From:		To:	
				'	
-					
	ation: (Name and full mailing address of				
location plus n	ame and email address of contact person)				
Training Progr	am:				
Training Progr	am Director:				
N. CD					
Name of Rotat	or:				
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Year in Trainin	ig Program:				
Johns Hopkins	Bayview Medical Center Department:				
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Johns Hopkins	Bayview Medical Center Preceptor:				
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This rotation wil	ll: Involve direct patient care	Invol	ve observation only		
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	iability insurance (Minimum requirements led by:JHBM		incident/\$3 Million aggregate.):	
will be provid	led by:SponsorJHBM	C			
If by J	ohns Hopkins, Certificate of Insurance sha	ll be sent to:			
11 0) 0	ome riophine, comment of meanine suc	n oo som to.			
2. Salary and Fri	inge Benefit Payments to be made by:	Sponsor	JHBMC		
3. Reimburseme	nto				
	re no reimbursements to be made.				
	s an agreement for reimbursement to be made.	nde between insti	tutions: please attach a copy of	of the reimburs	sement agreement
	s an agreement for reinfoursement to be in	ide between mist	eutrons, prouse utuen a copy o	or the remination	ement agreement.
4. JHBMC Resp	onsibilities for the Rotation:				
a.	JHBMC recognizes that the Program		Sponsor's Program has the res	sponsibility for	r the overall administration of
	the Training Program for the resident/o	linical fellow.			
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b.	The JHBMC Preceptor shall evaluate t	ne resident/clinic	cal reliow upon completion of	tne rotation. (Does not apply for observation)
c.	The JHBMC Preceptor shall distribute	o the resident/cli	nical fellow conies of IHRMC	'nolicies rules	s and regulations that will be
C.	applicable to the resident/clinical fello		mean renow copies of stibivic	policies, rules	, and regulations that will be

The JHBMC Preceptor will be responsible for coordinating and administering the rotation and will report all issues relating to

JHBMC will provide to the resident/clinical fellow the equipment, resources, facilities and professional/technical/clerical

the resident/clinical fellow to the Sponsor's Training Program Director.

personnel necessary for the rotation.

d.

e.

f. Any removal or discipline of the resident/clinical fellow by the JHBMC will be discussed with the Sponsor's Training Program Director prior to action; provided, however, JHBMC may take action when, in its opinion, the resident/clinical fellow pose an imminent threat to patient safety or welfare. Pursuant to Section 952 of the Omnibus Reconciliation Act of 1980, Public Law No. 96-499 (the "Act"), the parties agree as g. follows: until the expiration of four years after the furnishing of the services provided under this Request, the parties will make available to the Secretary, U.S. Department of Health an Human Services, the U.S. Comptroller General, and their representatives, this Request and all books, documents, and records necessary to certify the nature and extent of the costs of those services. If a party carries out the duties of this Request through a subcontract worth \$10,000 or more over a 12-month period with a related organization as defined in the Act, the subcontract will also contain an access clause to permit access by the Secretary, Comptroller General, and their representatives to the related organization's books and records. 5. Miscellaneous. a. This Request shall be governed and construed according to the laws of the State of Maryland. b. It is expressly understood that the parties hereto are independent contractors. 6. Overall Goal for this Rotation (attach additional page(s) if necessary). Complete the Objectives on page 3. 7. _____ A copy of the resident's/fellow's most recent evaluation is attached. (Does not apply for observation) Signature of Resident/Fellow requesting rotation Date JOHNS HOPKINS BAYVIEW MEDICAL CENTER SPONSOR INSTITUTION Signature - JHBMC Preceptor Date Signature – Sponsor's Program Director Date (Print Name) (Print Name) Date Signature - Sponsor's Official (Print Name) Once the above signatures have been obtained, please send this form WITH the resident's/fellow's most recent evaluation attached as one pdf to GCEOffice@jhmi.edu GCE Office use only:

Signature – Date Signature – Date Jessica L. Bienstock, MD, MPH Peter Hill, MD

Director, Graduate Clinical Education Vice President for Medical Affairs

6. Objectives for this Rotation (please list at least	one objective per Accivite competency, attach ad	End of the control of
Competency-based objective	Method for accomplishing the objective	Evaluation method for assessing competence
Patient Care		
Medical Knowledge		
Wiedieur Milowiedge		
Practice-based learning and improvement		
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Interpersonal and Communication Skills		
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Professionalism		
Systems-based Practice		