

# OFF-SITE ELECTIVE TRAINING AGREEMENT

University of Utah Hospitals and Clinics -Graduate Medical Education  
University of Utah Medical Center  
30 North 1900 East, Suite 1C412  
Salt Lake City, UT 84132  
Phone: 801-581-2401 Fax: 801-585-2507

This Off-Site Training Agreement is to be completed for all house officers doing rotations in any location that is not approved by the Accreditation Council for Graduate Medical Education for the house officer's training program, or for which there does not exist an alternative Residency Training Agreement. This form must be completed, in advance, for the house officer to receive liability coverage while on this rotation. **We regret that we cannot provide liability coverage for any out-of-state rotations without formal approval by the University of Utah Risk Management Committee.**

Name of House Officer: \_\_\_\_\_

UT Medical License No.: \_\_\_\_\_

Program Name: \_\_\_\_\_

Rotation: \_\_\_\_\_

Dates of Off-Site Training: \_\_\_\_\_

Name of Off-Site Facility: \_\_\_\_\_

Address of Off-Site Facility: \_\_\_\_\_

(City)

(State)

(Zip)

- In state rotation covered by University of Utah Liability Insurance.
- The Off-Site Training location will provide liability insurance coverage in the amounts of \$1 Million per occurrence and \$3 Million aggregate to include continued (tail) coverage for at least two years following the end of the rotation.
- Out-of-state rotation approved by Risk Management and therefore house officer is covered by University of Utah Liability Insurance.
- Non-clinical /no patient research only elective or clinical observer without patient contact elective; no professional liability coverage required.

## Supervision Physician Information –

Name of Supervising Physician: \_\_\_\_\_

Board Certification: \_\_\_\_\_

Description of Supervising Physician Responsibilities: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Description of Educational Experience and Learning Outcomes (brief statement, or attach documents to this agreement):** \_\_\_\_\_

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1. The off-site facility and supervising physician have been granted approval by the University of Utah Graduate Medical Education Committee to train house staff.
2. **The supervising physician must be a member of the University of Utah School of Medicine Clinical Faculty.**
3. The supervising physician has been given a description of his/her responsibilities during this rotation and agrees to provide supervision of house officer's training. An evaluation of the house officer's performance will be submitted by the supervising physician upon completion of the off-site rotation.
4. The policies and procedures which govern the house officer's off-site training can be found in the University of Utah and Affiliated Hospitals Housestaff Policy Manual, located at [www.medicine.utah.edu/gme/](http://www.medicine.utah.edu/gme/). House officers are required to receive training in and to comply with the privacy provisions of HIPAA.
5. If the off-site training location is a "non-hospital" setting, the University of Utah Hospitals and Clinics may report the house officer's time spent training at the off-site location on the University's CMS cost report. If the off-site training location is a "hospital" setting, the training location may report the house officer's time spent training on its CMS cost report.
6. University of Utah will pay all salary, benefits and other house officer compensation. As compensation for supervision of the house officer's training, supervising physician shall receive all benefits available to University of Utah School of Medicine volunteer clinical faculty. Supervising physician's eligibility to receive these benefits shall be contingent upon his/her compliance with this agreement and all requirements and policies applicable to his/her faculty appointment.

Any changes in the above will invalidate the approval below. Dated \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Signature, UUMC Program Director

\_\_\_\_\_  
Signature, House Officer

\_\_\_\_\_  
Signature, Director of Graduate Medical Education

\_\_\_\_\_  
Signature, Supervising Physician / Facility Representative

Copies to: House Officer's File, House Officer, Supervising Physician, Program Director

Revised by Graduate Medical Education Office April 2013