



Graduate Medical Education
UConn School of Medicine
263 FARMINGTON AVENUE
FARMINGTON, CT 06030-1921
PHONE 860.679.2147
FAX 860.679.4624
gme.uchc.edu

Graduate Medical Education Away Rotation Application Form

Name: _____ Program: _____ PGY: _____
(First Name) (Middle Name) (Last Name) (Degree)

Medical School Attended/Country: _____
(School Name) (Country)

Country of Origin: _____

Rotation Start Date: _____ Rotation End Date: _____

Preceptor's Name at the Away Rotation: _____

Full Address of Away Rotation: _____

Emergency Contacts:

At Primary Residence: Name: _____ Phone: _____

At Site of Away Elective: Name: _____ Phone: _____

Section A Attach and label accordingly the following:

1. Full Description of the Rotation including objectives, responsibilities, supervision, evaluation plan
2. Resident/Fellow Statement of educational goals for doing this rotation
3. Program Director's Statement of support for this resident/fellow confirming educational goals for the away rotation. Indicate why the away rotation is being applied for if it is not RRC required or if it can be met at an affiliated hospital.
4. **Only Applicable for J-1 Trainees**
Completion of ECFMG's Off-site Rotation Notification Form
5. **International Electives Only**
 - a. Supplemental Insurance Policy Obtain from the Capital Area Health Consortium for medical emergencies and evacuations (860-676-1110).
 - b. Travel Clinic Verification from UConn Health travel clinic that resident is current with immunizations for applicable countries being visited. A waiver is also acceptable if received from the Director of Resident Global Health.
 - c. Global Affairs Travel Registration Attach verification that you have completed the online Global Affairs Travel Registration for residents/fellows at <https://abroad.uconn.edu/education-abroad-travel-registration/>

Section B Answer/complete each of the following:

1. Can the objectives be met through a rotation at one of the UConn Affiliated Hospitals? Yes* No

2. Does this rotation fulfill an RRC requirement? Yes No*

*If "Yes" to #1 or "No" to #2, please provide a brief explanation below. Otherwise, N/A.

3. Source of trainee's salary and fringe: UCONN; Grant (explain below); Other (explain below)

4. What is your career interest after graduation? _____

For International Electives Only

5. What level travel advisory is noted for the country(ies) in your itinerary (1-4)? _____

*If level 4, travel will not be approved. If level 3, please complete the "waiver application for UConn student travel to high risk countries" found at <https://policy.uconn.edu/2015/07/23/policy-for-education-abroad-and-related-activities-in-sites-with-u-s-department-of-state-travel-warningtravel-alert/>

6. Complete the International Elective Liability Waiver.

7. Complete the International Travel Elective Checklist.

Approvals:

(Signature, GME Designee) Date

(Signature, Program Director) Date



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Graduate Medical Education International Elective Liability Waiver

Each year, a number of residents/fellows participate in credit-bearing clinical or research activities outside of the United States through organized rotations or independently arranged experiences. In many cases, the countries where these activities take place present a variety of challenges and risks to residents/fellows for which they may not be prepared. These include unfamiliar cultures and languages, political instability, infectious diseases, traffic hazards, and other health risks that may be uncommon in the United States.

To assist residents/fellows in preparing for these eventualities, the Office of Graduate Medical Education requires that all residents involved in a credit-bearing rotation with an international component perform the following prior to departure from the United States:

- Gather information concerning any political problems or health hazards which may place them at risk by consulting current State Department and Center for Disease Control information:
 - State Department: <http://travel.state.gov/>
phone: 202-647-5225
 - Center for Disease Control: www.cdc.gov/travel/travel.html
phone: 404-639-3311
- Obtain medical travel advice and immunizations appropriate for the country to which travel is planned
- Contact the Capital Area Health Consortium to obtain a supplemental insurance policy for medical emergencies and evacuation
- Designate persons both in the foreign country and in the United States who may be contacted in the event of an emergency
- In addition, self-study for cultural orientation and training in the local language is strongly encouraged

Completion of these steps is the responsibility of the individual resident and not of the University of Connecticut, any of the affiliated hospitals, or the department.

I, _____ have read and understand the above guidelines. I further understand that the decision whether to undertake clinical or research work abroad is mine alone.

Signed: _____ Date: _____

