

## Away Rotation Application Form

Name: \_\_\_\_\_ Program: \_\_\_\_\_ PGY: \_\_\_\_  
(First Name) (Middle Name) (Last Name) (Degree)

Medical School and Country: \_\_\_\_\_  
(School Name) (Country)

Country of Origin (Citizenship): \_\_\_\_\_

Rotation Start Date: \_\_\_\_\_ Rotation End Date: \_\_\_\_\_

Preceptor's Name at Away Rotation: \_\_\_\_\_

Full Address of Away Rotation:

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Emergency Contacts:

At Primary Residence: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

At Site of Away Elective: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Check the boxes below and include the following items with this application form when submitting:**

- ☐ Full description of the rotation including goals/objectives, trainee responsibilities, details regarding trainee supervision, and an appropriate evaluation tool that will be completed and returned to the program upon completion of the rotation.
- ☐ Resident's/Fellow's statement of their educational goals for participating in the rotation.
- ☐ Program Director's statement of support for the resident/fellow that confirms the educational goals of the rotation. *If the rotation is not necessary to meet an ACGME program requirement or if a similar rotation is available at UConn or an affiliated site, the program director must clearly state the rationale for the experience.*
- ☐ Resident's/fellow's and/or program's effort to identify funding support for the rotation.
- ☐ Completion of [ECFMG's Off-site Rotation Notification Form](#)

\*Only applicable for trainees on a J-1 visa\*

**Answer each of the following:**

1. Does this rotation allow you to meet an ACGME program requirement that cannot be met through a rotation at UConn or one of its affiliated sites?

☐ Yes

☐ No

If Yes, please provide the specific program requirement in your statement.

If No, please provide your rationale for wanting to participate in this away rotation in your statement.

2. Is there a similar rotation available at UConn or one of its affiliated sites?

☐ Yes

☐ No

Please provide your rationale for wanting to participate in this away rotation in your statement.

3. Source of trainee's salary and fringe:

☐ UConn

☐ Grant (explain below)

☐ Other (explain below)

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4. What is your career interest after graduation? \_\_\_\_\_

**For rotations outside the United States:**

1. Complete the [UConn Experiential Global Learning registration](#) and include verification of registration with your away rotation application packet.

If you have not registered with UConn Global before, create an account using your UConn email address as the username. By registering, you will also receive UConn-sponsored travel insurance. Be sure to save your travel insurance information. Bring a copy with you on the rotation; another copy should be with family or friends in the United States, and a copy should be attached to this application.

2. You will need to identify the [State Department travel advisory level](#) for the countries in your itinerary:

**State Department Level:** \_\_\_\_\_

If Level 4 for Security, travel will not be approved.

If Level 3 for Security or Levels 3/4 for Health, complete the [UConn Waiver Application for High-Risk Travel](#). Documentation of an approved UConn Global Affairs high-risk travel waiver is necessary for final approval of the experience.

Note: This process requires sign-off from your Program Director. If there are delays, please ask them to check their spam folders for the email that is automatically generated by the system.

3. ☐ Attach a copy of proof of CISI Travel Insurance (obtained after registering with UConn Experiential Global Learning, #5 above)
4. ☐ 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 GME Director of Global Health or their designee.

Approval:

\_\_\_\_\_  
(Signature, GME Designee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature, Program Director)

\_\_\_\_\_  
Date