Section 4  
Assignment of Rotating Residents or Fellows  

Date Revised: January 2001, November 2009, January 2015  

4.4 Application for Residents Rotating to Other Institutions  

External elective rotations for residents and fellows of Saint Louis University School of Medicine’s Graduate Medical Education Programs are only available on a case by case basis and with prior approval. Applications will be considered only for educational experiences which cannot be provided at the School of Medicine or one of its affiliated institutions. The electives should be for specific educational components which are critical to the trainees’ future professional development.

Applications will only be considered from trainees who have already demonstrated mastery of PGY level goals and objectives, and have met or made substantial progress towards specialty or subspecialty board certification.

Because of the nature of funding for Graduate Medical Education, neither the School nor its affiliated institutions can receive Medicare or Medicaid reimbursement for stipends, benefits, malpractice, or other teaching and administrative costs while one of our trainees is away on an elective. (See Section 1.5 subsection III, Funding for Residency Training Programs). The malpractice coverage for trainees in only available in the St. Louis region while training at an affiliated institution (see Health Professions Letter of Indemnity).

The accepting institution for an elective is rarely able to receive governmental support for the above costs (no Medicare or Medicaid cost report, BBA 97 restrictions, etc.). For these and other reasons, alternative funding must be obtained to support any external elective.

Planning for these electives typically takes six (6) months. Even funded and otherwise acceptable requests may not be approved if the initial completed request (Section I-III, see below) is not received six (6) months prior to the projected start date of the elective.

Application procedures are as follows:

1. A separate application **must** be completed for each elective rotation.

2. Each application **must** be completed including resident data verifications and appropriate signatures before approval is given.

3. Applicant is to complete Section I of the application and is responsible for requesting completion of Section II by the Saint Louis University Residency Program Director. Applicant is to then forward the application to the Residency Program Director (at the institution where the elective will be taken) for completion of Section III and returned to the Saint Louis University Residency Program Director.

4. The Program Director will forward the application to the Saint Louis University School of Medicine Graduate Medical Education Office for completion of Section IV.

5. The original is to be kept in the Saint Louis University Residency Program Director's office and copies forwarded to the applicant, the Saint Louis University School of Medicine Graduate Medical Education Office, and the elective residency program director.
Application
For Saint Louis University Residents
Rotating to Other Institutions for Electives

Directions: Complete Section I

Return application to:
Saint Louis University Program Director

________________________
Address

________________________
City, State, Zip Code

Section I  To be completed by applicant

Resident's Name: ________________________________
(Last) ___________________ (First) ___________________ (Middle)

Mailing Address: ______________________________________________________
(Street, including Apartment Number)

________________________
(City) ___________________ (State) ___________________ (Zip Code)

Telephone: _____ - _____ - ________

PGY Level: ______________

Residency program to which you are applying for elective: ______________________

Requested dates of rotation: __________________________________________

Resident's signature: _________________________________________________

Date: ______________

Section II  To be completed by applicant's Saint Louis University Residency Program Director

1. The resident named above is in good standing and currently a member of the _____________ residency program.

2. On the dates requested for rotation, the resident is a PGY ___ level.

3. An evaluation ___ will ___ will not be required at the end of the elective rotation.

4. The resident has my approval to take this elective.

5. Funding for this elective will be provided from the following source: __________________________

________________________
Saint Louis University Resident Program Director  (Print)

________________________
Saint Louis University Residency Program Director  (Signature)

Date
Section III  To be completed by the Residency Program Director of the Program under whose supervision the elective will occur. After completion, please send this application to the applicant’s Saint Louis University Residency Program Director.

1. The resident ___ does ___ does not have approval to take this elective rotation indicated below.
   Name of Residency Program: ____________________________
   Dates of rotation: ____________________________
   Name of sponsoring institution: ____________________________
   Name of person supervising resident: ____________________________
   Name of program director: ____________________________
   (Print)
   ____________________________
   (Signature)
   ____________________________
   Date

   Name of DIO or Hospital/Institutional Official: ____________________________
   (Print)
   ____________________________
   (Signature)
   ____________________________
   Date

Section IV  To be completed by Saint Louis University School of Medicine Administration.

1. Malpractice insurance ___ is ___ is not extended to cover the resident while the resident is on this elective rotation. (See attached Letter of Indemnity.)

2. The resident has our approval to take this elective.

__________________________
Associate Dean
Saint Louis University School of Medicine

__________________________
Date

Saint Louis University School of Medicine
Name of Sponsor

1402 South Grand Boulevard, Room M260
Mailing Address

St. Louis, Missouri  63104
City, State, Zip Code

314-977-9853  314-977-1011
Telephone  Fax
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**FOR SAINT LOUIS UNIVERSITY RESIDENCY PROGRAM DIRECTOR COMPLETION:**
Please check off:
Copies sent by Saint Louis University Residency Program Director to:
- ___ Applicant
- ___ Saint Louis University School of Medicine Administration
- ___ Elective Program Director