

**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 Rotation: (Specific dates-mm/dd/yy)	From:		To:	
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Sponsor Institution: (Name and full mailing address of location plus name and email address of contact person)	
Training Program:	
Training Program Director:	
Name of Rotator:	
Year in Training Program:	
Johns Hopkins Bayview Medical Center Department:	
Johns Hopkins Bayview Medical Center Preceptor:	

This rotation will:  Involve direct patient care  Involve observation only

1. Professional liability insurance (Minimum requirements: \$1 Million per incident/\$3 Million aggregate.):  
will be provided by:  Sponsor  JHBMC

If by Johns Hopkins, Certificate of Insurance shall be sent to:

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2. Salary and Fringe Benefit Payments to be made by:  Sponsor  JHBMC

3. Reimbursements

There are no reimbursements to be made.

There is an agreement for reimbursement to be made between institutions; please attach a copy of the reimbursement agreement.

4. JHBMC Responsibilities for the Rotation:

- a. JHBMC recognizes that the Program Director of the Sponsor's Program has the responsibility for the overall administration of the Training Program for the resident/clinical fellow.
- b. The JHBMC Preceptor shall evaluate the resident/clinical fellow upon completion of the rotation. (Does not apply for observation)
- c. The JHBMC Preceptor shall distribute to the resident/clinical fellow copies of JHBMC policies, rules and regulations that will be applicable to the resident/clinical fellow.
- d. The JHBMC Preceptor will be responsible for coordinating and administering the rotation and will report all issues relating to the resident/clinical fellow to the Sponsor's Training Program Director.
- e. JHBMC will provide to the resident/clinical fellow the equipment, resources, facilities and professional/technical/clerical personnel necessary for the rotation.



8. Objectives for this Rotation (please list at least one objective per ACGME Competency; attach additional page(s) if necessary)

Competency-based objective	Method for accomplishing the objective	Evaluation method for assessing competence
Patient Care		
Medical Knowledge		
Practice-based learning and improvement		
Interpersonal and Communication Skills		
Professionalism		
Systems-based Practice		