Non-MUSC Rotation Funding Approval Form
2018-2019

Please complete this form and submit it to the GME Office for approval. This form does not need to be completed if the facility is an MUSC, Carolina Family Care or UMA/MUSCP site.

Residency Program: ____________________________________________________________

Facility: ____________________________________________________________

City and State of the Facility: ___________________________________________________

Name of Rotation: ____________________________________________________________

1. Is this experience required to fulfill ACGME training in your discipline? ☐ Yes ☐ No
   Note: If this rotation is for a Non-ACGME resident, check this box ☐

2. Is this type of training available at MUSC? ☐ Yes ☐ No

3. Can this rotation be added to the Medicare Cost Report? ☐ Yes ☐ No
   (Reimbursement Services can help you answer this question.)

4. Is GME funding requested to cover salary and fringe benefits? ☐ Yes ☐ No
   • If no, state the PEAR Form contact name:
     __________________________________________________________

5. Provide a brief description and the length of the rotation:
   __________________________________________________________
   __________________________________________________________

6. Is this an international rotation? ☐ Yes ☐ No
   • If yes, please list how many rotations your program is requesting for 2018-2019 and the length of each rotation:
     __________________________________________________________
     __________________________________________________________
   • Are you aware of all requirements per your RRC/specialty board and are you committed to having them in place by the start of the rotation? ☐ Yes ☐ No
   • Has an international rotation form been completed and approved by the GMEC? If not, please refer to the Forms page on the GME website and see “Request for International Rotation.” ☐ Yes ☐ No

Program Director Signature ___________________________________________ Date ____________

ACGME Designated Institutional Official Signature __________________________ Date ____________