

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?
(Reimbursement Services can help you answer this question.) Yes No

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