

Non-MUSC Rotation Funding Approval Form

2017-2018

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
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 are requested for 2017-2018 and the length of each rotation:

 - Have all applicable arrangements been made with your RRC and/or specialty board to ensure the resident receives credit for this rotation? Yes No

Program Director Signature

Date

ACGME Designated Institutional Official Signature

Date