



Office of Graduate Medical Education

Non-Required Elective Rotation with Compensation Form 2017-2018

Please complete a separate form for EACH non-required elective for which you receive compensation.

Resident Name: _____ PGY Level _____

Residency Program: _____

SC Medical License #: _____

Title of Rotation in E-Value: _____

Area of MUSC where this will take place (STICU, 9W, etc...): _____

- 1. The initiating service is responsible for underwriting the compensation.
2. Malpractice Insurance is covered through MUSC as part of your training program.
3. Program Director must attach goals and objectives for this rotation (must include the applicable core competencies) (GME Office: check here that goals and objectives have been submitted and meet standards [] _____)
4. Evaluations of this non-required elective rotation must be completed in E-Value every six months at a minimum.
5. Residents may not participate in the non-required elective rotation with compensation until all signatures have been obtained. If any resident participates in this activity without permission, the penalties will be decided on a case-by-case basis by the DIO in consultation with the program director.
6. The time spent in non-required elective rotations count toward the 80 hour work week. All the rules pertaining to duty hours must be followed.
7. PGY levels 1 & 2 are not eligible for non-required electives with compensation.
a. Only PGY levels 3-8 may participate.
b. Residents may not participate if they are currently on remediation.
c. Residents may not participate if they are currently on this service in regular rotation.

Resident Signature

Date

Program Director Signature

Date

ACGME Designated Institutional Official

Date