

## Institutional Accreditation Requirements

The University of Hawaii's John A. Burns School of Medicine (JABSOM) and Hawaii Residency Programs, Inc. (HRP) are pleased to welcome visiting rotators (residents & fellows) from graduate medical training programs accredited by:

- **ACGME** (Accreditation Council on Graduate Medical Education)
- **RCPSG** (Royal College of Physicians and Surgeons of Canada)
- **CFPC** (College of Family Physicians of Canada)

**NOTE:** Requests for "observership rotations" (sometimes called "shadowing") will not be considered within the GME training environment, which includes supervision, rounds, patient care, medical records, etc.

## Trainee Eligibility Requirements

In order to be **eligible** as a visiting rotator to one of our training programs, the applicant must, from the time of application through the duration of the requested rotation:

- ✓ Be in **good standing** with their home training program (NOT on any type of probation, warning, or remediation status)
- ✓ Be able to provide documentation of a **US Social Security Number** (required by US Centers for Medicare and Medicaid Services)

## Application Process

**Trainees interested in a visiting rotation(s) should first contact the specific training program of their desired rotation to inquire as to **availability**, then to determine mutually-agreed-upon **rotation dates**. Once the dates are confirmed, HRP will initiate an electronic on-boarding process via New Innovations (NI). Keep in mind the following:**

- ✓ A **Program Letter of Agreement** (PLA) must be finalized, and a **Hawaii Medical License** obtained by the trainee before any visiting rotation may begin.
- ✓ All application and on-boarding materials (including any training modules) shall be submitted early enough (via New Innovations) for **all processing to be completed 60 days prior** to the anticipated rotation start date.
- ✓ If materials are not submitted within the timeframe listed above, the **sponsoring institution and/or HRP reserves the right to reschedule or cancel the visiting rotation**.

Please see the HRP website for additional details: [www.hawaiiresidency.org/residents-fellows/visiting-residents-fellows/](http://www.hawaiiresidency.org/residents-fellows/visiting-residents-fellows/)

## Application Fee and Payment Options

**\$150.00** Application fee and application must be received by HRP at least 60 days prior to rotation start date.

HRP accepts credit card or check payments, additional information will be provided once initial application information is obtained. Please note that the application fee is NON-REFUNDABLE unless rotation is canceled by HRP.

Housing, travel, and meals are not provided. Parking accommodations may or may not be provided, depending on the specific policies/procedures at the training site(s). All questions specific to the rotation or site should be directed to the host Program.



TRAINEE NAME (First Middle Last): \_\_\_\_\_ MD or DO: \_\_\_\_\_

PHONE: \_\_\_\_\_ PAGER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME INSTITUTION: \_\_\_\_\_

CURRENT TRAINING PROGRAM: \_\_\_\_\_ PGY LEVEL: \_\_\_\_\_ NPI #: \_\_\_\_\_

Do you have any current or past disciplinary actions, remediation, academic sanctions? NO YES\*

Did you have a gap between medical school and residency? NO YES\* \*IF YES, ATTACH EXPLANATION

PROGRAM COORDINATOR: \_\_\_\_\_ PC EMAIL: \_\_\_\_\_

VISITING ROTATION EXPERIENCE(S) DESIRED (4-week minimum elective rotation, unless otherwise approved):

Table with 3 columns: START DATE, END DATE, ROTATION

I UNDERSTAND an application fee of \$150.00 is required once per academic year per trainee, even if multiple applications are processed within the same academic year. Application fees do NOT apply to applicants from Tripler Army Medical Center (TAMC) rotating at HRP member hospitals.

I UNDERSTAND that I will not receive any type of compensation from JABSOM, HRP, or the Hospital(s) while assigned to rotation. I understand that it is my responsibility to follow up with communication and application materials, and that I am NOT authorized to start my rotation until all materials have been approved. I understand that I am solely responsible for housing, travel, and transportation arrangements. I will show proper identification upon reporting to the host program.

TRAINEE SIGNATURE (hand-drawn)

DATE

PART 2: TO BE COMPLETED BY THE TRAINEE'S CURRENT (HOME) PROGRAM DIRECTOR OR APPOINTEE

I VERIFY that the above-named trainee is in good standing with our training program in all regards (including no type of probationary or warning status, nor any type of remediation); meets the required ACGME competencies for the level of training; is approved to participate in named rotation; and that while on this rotation the above-named trainee has malpractice coverage (\$1 million per incident/\$3 million aggregate, inclusive of tail coverage), comprehensive health coverage, and workers' compensation coverage.

I ATTEST and AFFIRM that the above-named Home Institution has completed, and has on file, a satisfactory criminal background screening test and verification for the listed Trainee as part of Trainee's current training program.

PROGRAM DIRECTOR PRINTED NAME: \_\_\_\_\_

PD PHONE: \_\_\_\_\_ PD EMAIL: \_\_\_\_\_

SIGNATURE (electronic or hand-drawn)

DATE

TRAINEE NAME: \_\_\_\_\_

**PART 3: TO BE COMPLETED BY UH JABSOM ATTENDING SUPERVISOR(S) AND HRP PROGRAM STAFF**

Please confirm the details for **1** specific visiting rotation experience:

ROTATION NAME: \_\_\_\_\_ ROTATION SITE: \_\_\_\_\_

ROTATION SCHEDULE (start/end/frequency): \_\_\_\_\_

**CONFIRM:** We have the TAMC trainee’s Authorization for Temporary Duty letter AND rotation details match.

**OR:** This trainee is **not** coming from Tripler Army Medical Center

ATTENDING PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (*electronic or hand-drawn*)

\_\_\_\_\_  
DATE

See Attached email confirmation containing explicit approval for this rotation experience.

**ADDITIONAL VISITING ROTATIONS FOR THE SAME ACADEMIC YEAR**

Please confirm the details for **1** specific visiting rotation experience:

ROTATION NAME: \_\_\_\_\_ ROTATION SITE: \_\_\_\_\_

ROTATION SCHEDULE (start/end/frequency): \_\_\_\_\_

**CONFIRM:** We have the TAMC trainee’s Authorization for Temporary Duty letter AND rotation details match.

**OR:** This trainee is **not** coming from Tripler Army Medical Center

ATTENDING PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (*electronic or hand-drawn*)

\_\_\_\_\_  
DATE

See Attached email confirmation containing explicit approval for this rotation experience.

**ADDITIONAL VISITING ROTATIONS FOR THE SAME ACADEMIC YEAR**

Please confirm the details for **1** specific visiting rotation experience:

ROTATION NAME: \_\_\_\_\_ ROTATION SITE: \_\_\_\_\_

ROTATION SCHEDULE (start/end/frequency): \_\_\_\_\_

**CONFIRM:** We have the TAMC trainee’s Authorization for Temporary Duty letter AND rotation details match.

**OR:** This trainee is **not** coming from Tripler Army Medical Center

ATTENDING PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (*electronic or hand-drawn*)

\_\_\_\_\_  
DATE

See Attached email confirmation containing explicit approval for this rotation experience.

TRAINEE NAME:

**PART 4: TO BE COMPLETED BY UH JABSOM, ODIO, AND HRP CENTRAL ADMINISTRATIVE OFFICE**

This application for the listed visiting rotation experience/s has been reviewed and approved by the following individuals:

**PD APPROVAL:**

Printed Name: \_\_\_\_\_  
UH Residency / Fellowship Program Director

Title: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (electronic or hand-drawn)

\_\_\_\_\_  
DATE

**DIO APPROVAL:**

Printed Name: Susan K. Steinemann, MD

Title: JABSOM Designated Institutional Official

\_\_\_\_\_  
SIGNATURE (electronic or hand-drawn)

\_\_\_\_\_  
DATE

**ED APPROVAL:**

Printed Name: Natalie K. H Talamoa

Title: HRP Executive Director

\_\_\_\_\_  
SIGNATURE (electronic or hand-drawn)

\_\_\_\_\_  
DATE