

**AGREEMENT FOR ROTATION OF UNIVERSITY OF FLORIDA
COLLEGE OF MEDICINE/GAINESVILLE RESIDENTS AND/OR FELLOWS
AT AN EXTERNAL INSTITUTION (HOSPITAL SETTING)**

The University of Florida College of Medicine/Gainesville ("UNIVERSITY") has responsibility for the training of physician residents and fellows (hereinafter referred to as "RESIDENT(S)") in accordance with and as accredited by the Accreditation Council for Graduate Medical Education (ACGME). _____ ("INSTITUTION"), located at _____ operates a clinical practice site which can provide a clinical setting in which RESIDENT(S) may participate in medical education, research, and/or patient care. UNIVERSITY wishes to enter into this formal agreement with INSTITUTION for the educational benefit of RESIDENT(S). This agreement must be fully executed by UNIVERSITY and INSTITUTION prior to arrival of RESIDENT(S) at INSTITUTION for clinical rotation(s) and before RESIDENT(S) perform clinical services at INSTITUTION.

AGREEMENT AND RESPONSIBILITIES

INSTITUTION agrees to accept a variable and mutually agreed upon number of RESIDENTS year from UNIVERSITY's Department of _____/Gainesville. UNIVERSITY shall provide the names of the RESIDENTS and period of assignment year at mutually agreed upon time(s). The term of this Agreement shall commence on _____, and shall be for a period of twelve (12) months. This Agreement may be terminated, with or without cause, by either party by sixty (60) days written notice to the other party delivered by registered mail, return receipt requested. The parties agree that if this Agreement is terminated, all RESIDENTS currently assigned to INSTITUTION by UNIVERSITY pursuant to this Agreement, shall be given the opportunity to complete their clinical rotation.

A. RESPONSIBILITIES OF INSTITUTION

1. INSTITUTION shall provide qualified preceptors and a structured educational experience to RESIDENT(S) pursuant to ACGME standards. The individual assigned by INSTITUTION to assume administrative, educational, and supervisory responsibility for RESIDENT(S)' clinical experience is _____.
2. INSTITUTION shall provide to each RESIDENT, upon his/her arrival at INSTITUTION, a current set of INSTITUTION's rules and regulations pertaining to the site of assignment.
3. INSTITUTION shall arrange for access by each RESIDENT to available library facilities at the site of assignment.
4. INSTITUTION shall arrange for immediate emergency care in the event of a RESIDENT's accidental injury or illness, but INSTITUTION shall not be responsible for costs involved, follow-up care, or hospitalization.
5. INSTITUTION shall evaluate in writing the performance of each RESIDENT.
6. INSTITUTION shall have the right to remove any RESIDENT from INSTITUTION's programs in the event the RESIDENT does not, in the sole judgment of INSTITUTION, satisfactorily perform assigned duties while in the program.

B. RESPONSIBILITIES OF UNIVERSITY

1. UNIVERSITY shall identify in writing the educational goals and objectives to be attained during each RESIDENT's clinical experience at INSTITUTION and shall attach same hereto as Attachment A.
2. UNIVERSITY shall ensure that each RESIDENT has appropriate qualifications, including appropriate skills, training, health status, and other qualifications as required by INSTITUTION.
3. UNIVERSITY shall instruct each RESIDENT to attend all educational activities, perform clinical services as assigned by preceptor(s), and adhere to applicable policies of INSTITUTION.
4. UNIVERSITY shall instruct each RESIDENT to wear a pictured name tag identifying his/her status with UNIVERSITY.

5. UNIVERSITY shall be responsible for the payment of all salaries and fringe benefits accruing to each RESIDENT, and will provide workers compensation protection to RESIDENT, while RESIDENT is participating in INSTITUTION programs, in accordance with applicable Florida laws and regulations. UNIVERSITY shall also be responsible for supervisory costs associated with this Agreement.
6. As participants in UNIVERSITY's medical education programs, and predicated on UNIVERSITY's assignment pursuant to this Agreement, each RESIDENT is protected against tort claims by UNIVERSITY's self-insurance program.

IN WITNESS WHEREOF, the duly authorized officers of the parties hereto have executed this Agreement, effective on the date of signature by both parties.

**THE UNIVERSITY OF FLORIDA
 BOARD OF TRUSTEES, FOR THE BENEFIT OF THE
 DEPARTMENT OF _____/
 GAINESVILLE, COLLEGE OF MEDICINE,
 UNIVERSITY OF FLORIDA**

NAME OF INSTITUTION

By: _____
 Legal Signatory of Institution Date

By: _____
 Timothy C. Flynn, M.D. Date
 Associate Dean for Graduate Medical Education
 College of Medicine/Gainesville
 University of Florida

ACKNOWLEDGED FOR UNIVERSITY:

By: _____
 Responsible Preceptor Date

By: _____
 Program Director Date
 Department of _____/Gainesville
 College of Medicine
 University of Florida

By: _____
 Chairman Date
 Department of _____/Gainesville
 College of Medicine
 University of Florida