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AGREEMENT FOR ROTATION OF UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE/GAINESVILLE RESIDENT OR FELLOW 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 (each hereinafter referred to as "RESIDENT") 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 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. This agreement must be fully executed by UNIVERSITY and INSTITUTION prior to arrival of RESIDENT at INSTITUTION for clinical rotation(s) and before RESIDENT performs clinical services at INSTITUTION.

AGREEMENT AND RESPONSIBILITIES

INSTITUTION agrees to accept the assignment of _____, a RESIDENT in UNIVERSITY's Department of _____/Gainesville, for a clinical rotation for the period from _____ to _____.

A. RESPONSIBILITIES OF INSTITUTION

1. INSTITUTION shall provide qualified preceptors and a structured educational experience to RESIDENT 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 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 RESIDENT to available library facilities at the site of assignment.

4. INSTITUTION shall arrange for immediate emergency care in the event of 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 RESIDENT.

6. INSTITUTION shall have the right to remove RESIDENT from INSTITUTION's programs in the event 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 RESIDENT's clinical experience at INSTITUTION and shall attach same hereto as Attachment A.

2. UNIVERSITY shall ensure that RESIDENT has appropriate qualifications, including appropriate skills, training, health status, and other qualifications as required by INSTITUTION.

3. UNIVERSITY shall instruct 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 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 RESIDENT, and will provide workers compensation protection to RESIDENT, while RESIDENT is participating in INSTITUTION programs, in accordance with applicable Florida laws and regulations.

6. As a participant in UNIVERSITY's medical education programs, and predicated on UNIVERSITY's assignment pursuant to this Agreement, 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:_____ _____
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

By:_____ _____
RESIDENT Date