LETTER OF AGREEMENT

This agreement between the residency training program in internal medicine at the University of Illinois College of Medicine at Urbana (UICOM-UC) and ________________________ establishes the relationship required which will permit the rotation of residents at UICOM-UC to participate in clinical experiences at the participating institution. This relationship will be in effect from the date signed with the intent to review this agreement annually.

Both parties agree to the following provisions:

1. The official or faculty who will assume administrative, educational and supervisory responsibility for the resident(s) during their rotation at the participating institution is ________________________.

2. The educational goals and objectives for this rotation in the participating institution are attached.

3. Residents will be assigned to this rotation at the participating institution for a period (time) according to the attached schedule.

4. The salary, benefits, and medical liability premiums for resident(s) will be provided by UICOM-UC.

5. The participating institution, through the individual identified in (1) above, shall insure that resident(s) are supervised in accordance with Accreditation Council on Graduate Medical Education (ACGME) requirements during the rotation in the participating institution. This identified individual shall, at the completion of the resident rotation and at other times, if necessary, provide formal, written evaluations of resident performance.

6. The policies and procedures which govern the residents’ education while rotating to the participating institution are those of UICOM-UC. All such policies and procedures shall comply with ACGME requirements. These include the responsibility of UICOM-UC through the residency program director to evaluate the educational components of the experience and to assure resident's schedules allow attendance at required conferences and clinics.

7. Disciplinary actions shall follow UICOM-UC policy for resident progress, reappointment and disciplinary actions.

For the Program:  For ________________________ participating institution:_____________

_________________________________  _______________________________  _______________________________  
Program Director  Date   Name    Date

_________________________________  _______________________________  _______________________________
Institutional Official  Date   Name    Date

Attachment: Curriculum Schedule

(AGreements: letter of agreement.master)