

Stanford Hospital & Clinics / Lucile Packard Children's Hospital Application for an Away Rotation

Submit the following application to the GME office at least 60 days prior to the proposed away rotation.

Name of Resident

Name of Current SHC/LPCH Residency

Do you need malpractice coverage? Yes No
Are you receiving residency credit for this rotation? Yes No

You must attach the following documentation to this application:

- Letter of Acceptance from host program
- Competency-based goals and objectives for the rotation
- Completed Program Letter of Agreement (PLA)

If not Johnson/Johnson, please provide PTA to bill for your rotation: _____

Host Program Details

Name of Host Program

Name of Host Program Director

Name of Facility (where elective will take place)

Address City State Zip

Contact Person Telephone Number Fax Number

Rotation Start Date Rotation End Date

Approvals

Program Director Date

Designated Institutional Official (DIO) Date