

Request for Approval for SUNY Downstate Resident/Fellow Extramural Rotation

Resident Name (FN LN): \_\_\_\_\_  
Resident SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Training Program Level: \_\_\_\_\_  
SUNY Department \_\_\_\_\_ SUNY Training Program \_\_\_\_\_  
Resident Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Extramural Rotation Requested: \_\_\_\_\_  
Specialty/Subspecialty: \_\_\_\_\_  
Rotation Duration (days or weeks): \_\_\_\_\_ Rotation Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Anticipated number of work shifts and duty hours during rotation: \_\_\_\_\_  
Return to home program for clinics?  Yes  No Return to home program for calls?  Yes  No  
Assigned overnight or weekend calls at extramural site?  Yes  No  
Is this extramural rotation needed to fulfill training requirements?  Yes  No  
Is this or a similar experience available at SUNY Downstate or affiliated sites?  Yes  No  
Justification for extramural (objectives, fulfillment of requirements, unique training opportunities, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extramural supervising physician: \_\_\_\_\_ Licensed?  Yes  No Bd Cert?  Yes  No  
Extramural evaluating physician: \_\_\_\_\_ Licensed?  Yes  No Bd Cert?  Yes  No  
Name Location/Institution of Rotation: \_\_\_\_\_  
Address of extramural site: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Extramural Contact Telephone: \_\_\_\_\_  
Extramural Contact E-mail: \_\_\_\_\_

Salary during extramural rotation provided by: \_\_\_\_\_  
Health benefits during extramural rotation provided by: \_\_\_\_\_  
Source of malpractice indemnification during extramural rotation: \_\_\_\_\_  
*(A letter confirming indemnification must accompany this request including liability coverage from SUNY or KCH/HHC)*  
Time during extramural rotation to be charged as:  
 Work/Training (facility claiming effort? \_\_\_\_\_)  Annual Leave  Education Leave  Unpaid Leave  
 Other (explain) \_\_\_\_\_  
Is there an appropriate program letter of agreement with extramural site?  Yes  No  
If not, is an appropriate program letter of agreement in preparation?  Yes  No  
*N.B. – all agreements including a fully executed PLA must be available before rotation commences*

**Approved as justified**                       **Denied**

\_\_\_\_\_  
Downstate Program Director Signature                      Name (print)                      Date

**Approved**                       **Denied**

\_\_\_\_\_  
SUNY Downstate GME Office Signature                      Name/title of GME Official                      Date

*A completed and signed Request for Approval with all requested information and attachments must be on record with the SUNY Downstate GME Office and copied to Office of Planning and the Program before a resident can proceed with an extramural rotation.*  
**\*\*\* SUNY Downstate cannot guarantee all application will be processed on time for the anticipated elective, even if documents are submitted within the 8 or 10 weeks' timeframe.**