

**AGREEMENT FOR ROTATION OF UNIVERSITY OF FLORIDA
COLLEGE OF MEDICINE/GAINESVILLE RESIDENT OR FELLOW
AT AN EXTERNAL CLINICAL PRACTICE SITE (NON-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). _____ ("PHYSICIAN"), practicing 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 PHYSICIAN for the educational benefit of RESIDENT. This agreement must be fully executed by UNIVERSITY and PHYSICIAN prior to arrival of RESIDENT at PHYSICIAN's Practice Site for clinical rotation(s) and before RESIDENT performs clinical services at PHYSICIAN's Practice Site.

AGREEMENT AND RESPONSIBILITIES

PHYSICIAN 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 PHYSICIAN

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

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 PHYSICIAN programs, in accordance with applicable Florida laws and regulations. UNIVERSITY shall also be responsible for supervisory costs associated with this Agreement. Information regarding such compensation is attached hereto as Attachment B.

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 PHYSICIAN OR PRACTICE

By: _____
Date _____
Legal Signatory

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

ACKNOWLEDGED FOR UNIVERSITY:

By: _____
Date _____
Preceptor

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

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

By: _____
Date _____
RESIDENT

