

**UK Graduate Medical Education
Off Service Rotation Agreement**
**Academic Year _____

**Complete one form for each PGY not each individual house officer. Attach the goals and objectives for review by the Off Service Program Director for each rotation requested.

Training Program requesting off service rotation: _____

Which PGY: _____

How many total PGY rotators for academic year: _____

Rotation: (Inpt, Consults, Trauma, etc)	Duration: (1 month, 6 weeks, etc)	Start Date: (1 st of the month, 4 th of the month)	End Date: (last day of the month, 3 rd day of next month)

Check all that apply to the rotating house officer:

- House officer required to attend home program didactics (must attach RRC requirement) (day/time) _____
- Program requests house officer to attend home didactics (day/time) _____
- House officer must attend off service didactics
- House officer has required continuity clinic (day/frequency) _____
- Continuity clinic will not be done while on off service rotation
- Vacation/leave time requested during rotation (number of days) _____
- No Vacation/leave time requested
- Additional time off requests (in-training exam, conferences, retreats, etc) _____

Comments:

Requesting Program Director

Date

I have reviewed the goals and objectives of the rotation(s) requested:

Off Service Program Director

Date

Form **MUST** be submitted by the training program **requesting off service rotation** after completion to the GME Office by April 1 each year.