Ochsner Health System
Graduate Medical Education Administration
Ochsner Clinic Foundation
1514 Jefferson Hwy, Academics Center, 1st Floor, New Orleans, LA
Phone 504-842-3260 • Fax 504-842-3193

AWAY ELECTIVE ROTATION APPLICATION

OCHSNER SPONSORED RESIDENT/FELLOWS

I. Resident Information	
Name:	Date:
Program:	Training Level: PGY-_____
II. Institutional information for Away Elective Rotation	
Name of Institution:	Address:
Program Name:	Phone Number:
Preceptor Name:	Fax Number:
Preceptor Title:	Email Address:
Rotation Dates: Start Date:_____	Rotation Dates: End Date:_____
III. Goals & Objectives for Away Elective Rotation	
Enter details or include as attachment:	

Ochsner Health System
Graduate Medical Education Administration
Ochsner Clinic Foundation
1514 Jefferson Hwy, Academics Center, 1st Floor, New Orleans, LA
Phone 504-842-3260 • Fax 504-842-3193

IV. Ochsner Approvals

I attest resident to be in good standing and is authorized to participate in away elective rotation as requested.

Program Director Name:	Program:
Program Director Signature:	Date:

V. Elective Rotation Approvals

I hereby agree to precept the resident applicant during his/her elective rotation while at _____ during dates indicated.

Preceptor Name:	Program:
Preceptor Signature:	Date:

VI: Away Elective Rotational Requirements

A. Complete in full, application including all requested signatures
B. Submit completed, fully signed application to GME no later than 30-days in advance of elective start date
C. Contact visiting states Medical Board for instructions in obtaining a temporary license/permit (if applicable)
D. Obtain copy of Malpractice Insurance Certificate (contact Ochsner GME for details)
E. Provide evaluation document for completion on your behalf

VII: Resident Contact Information

Home Address:	Phone Number:
E-mail:	Pager Number:

VIII: Resident's Agreement:

I agree to abide by all rules and regulations that govern this Away Elective Rotation. I further understand that any expense incurred as a result of the experience is my full responsibility and not that of Ochsner GME.

_____ _____
Resident Name Resident Signature