

GWU OFFICE OF GME - ELECTIVE/RESEARCH ROTATION FORM

NOTE: Medicare regulations require the GME Office to provide detailed and accurate information on resident rotations, including electives. Please complete and return to Ross Hall 707 or fax to: 202-994-1604 30 days prior to your rotation.

Name: _____ Pager Number: _____

Department: _____ Time Period: _____

Elective Research

For Electives Only

Description: _____

Is this elective study taking place at GW? Yes No

If no, do you need proof of malpractice? Yes No

Does the host institution require an affiliation agreement? Yes No

Location & Address: _____

Phone: _____ Fax: _____

Name of Contact/Supervising Doctor: _____

If this is an away elective, please include a brief statement justifying the purpose.

Approved by: _____ Date: _____
(Program Director)

GME Approval: _____ Date: _____
(Nancy Gaba, MD) ****Dr. Gaba's signature is required if you are doing an away elective.**

MFA Approval: _____ Date: _____
(Alan Wasserman, MD) ****Dr. Wasserman's signature is required if you need malpractice coverage.**

For Research Only

Description: _____

Is this research taking place at GW? Yes No

If no, do you need proof of malpractice? Yes No

Location Address: _____

Phone: _____ Fax: _____

Name of Contact/Supervising Doctor: _____

Is research a requirement for your program? _____

Is your research clinical or bench? Briefly describe. _____

Approved by: _____ Date: _____
(Program Director)