**PROGRAM LETTER OF AGREEMENT**

**Attachment E-MCM 14-5**

For Trainees of (Affiliate) an Accredited Training Program

Rotating to Martinsburg VAMC

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| --- | --- | --- | --- | --- | --- |
| Program: |  | | | | |
|  | | | | | |
| Program Director: |  | | | | |
|  | | | | | |
| Participating Institution: |  | | | | |
|  | | | | | |
| Program Director at Participating Institution:  Department: |  | | | | |
|  | | | | | |
| Faculty at Rotation Site: | Name | Role | Teaching | Supervision | Evaluation |
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| --- | --- |
| Effective Date of the Affiliation Agreement: |  |
|  |  |
| Expiration Date of Affiliation Agreement: |  |
|  |  |
| Effective Date of this Agreement: |  |
|  |  |
| Expiration Date of this Agreement: |  |
| (No later than the expiration date of the affiliation agreement) |  |
| Duration of Individual Rotation: |  |
|  |  |
| Number of Rotators per Year: |  |

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| Goals and Objectives of this Rotation |
| **Attach to this agreement** |

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| Evaluation Methods for this Rotation |
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| Professional Liability Insurance Coverage for Trainees at Participating Institution |
| Provided by |

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| --- |
| Accreditation Information |
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| Other Agreements, including financial reimbursements, not included in the Affiliation Agreement |
| **Optional** |

This Agreement is subject to the terms of any Affiliation Agreement between the parties currently in effect. To the extent that the terms of the Affiliation Agreement and this Program Letter of Agreement conflict, the terms of this Program Letter of Agreement shall apply.

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| For the (Affiliate Name) | |  | For VAMC Martinsburg | | |
|  |  |  |  |  |
| Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name: |  |  | Print Name: |  |
|  | Program Director |  | Local Program Director | |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
|  |  |  |  |  |
| Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Print Name |  |
|  |  |  | Print Title: |  |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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