

# Graduate Medical Education (GME)

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## GME ROTATION INFORMATION WEBFORM

Sponsoring Institution (FACILITY) Information (NOT UK)

Facility Name \*

Facility Mailing Address \*


Facility Program Coordinator/Contact Person and Phone Number/Email \*

Facility Program Director/Physician Supervisor \*

Facility Site Director/Title (can sign contracts for the institution) \*

List All Supervising Faculty by name: \*

Anticipated Start Date of Assignment \*

Year ▼ Month ▼ Day ▼ 

Anticipated End Date of Initial Agreement (typically 1 year from start date)

Year ▼ Month ▼ Day ▼ 

Duration of Assignment (in days, or weeks, or months) \*

Number of Residents per Rotation

Facility will reimburse University of Kentucky? \*  Yes  No

Rotation Goals and Objectives \*

No file chosen

Rotation Goals and Objectives

No file chosen

Rotation Goals and Objectives

No file chosen

Rotation Goals and Objectives

No file chosen

University of Kentucky Information

College of \*

Specialty \*

Program Coordinator \*

Program Director \*

Resident will have Outpatient contact? \*  Yes  No

Resident will have Inpatient contact? \*  Yes  No

Resident will participate in Surgery? \*  Yes  No

UK On-Site or Off-Site? \*  On-site  Off-site

Is this a 3-Way Agreement?

3rd Party Institution Name

3rd Party Mailing Address

3rd Party Contact Name and Phone/Email

3rd Party Site Director/Title (can sign contracts for institution)

3rd Party Program Director