

GRADUATE MEDICAL EDUCATION
PROGRAM LETTER OF AGREEMENT (PLA)
BETWEEN
THE UNIVERSITY OF KENTUCKY
AND
«Facility_Name» (FACILITY)
LOCATED AT:
«Facility_Mailing_Address»

Contact person: «Facility_Program_CoordinatorContact_Per»

This Agreement is made and entered into by and between the UNIVERSITY OF KENTUCKY and FACILITY and it augments the Participating Educational Site Agreement originally entered into «Anticipated_Start_Date_of_Assignment» between the UNIVERSITY and FACILITY, and as may be amended and/or restated from time to time. This agreement is specific to the educational assignment of UNIVERSITY OF KENTUCKY residents/fellows (hereinafter referred to as "trainees") in the specialty of «Specialty» while completing a rotation at FACILITY.

The following conditions are hereby agreed to:

1. The initial term of this agreement shall be «Anticipated_Start_Date_of_Assignment» through «Anticipated_End_Date_of_Initial_Agreemen», and shall renew automatically thereafter for up to four additional one year terms, unless notice of termination is given as prescribed, herein; and to expire, in no event, no later than five years from start date, unless terminated by either party. Either party may terminate this agreement upon providing written notice to the other party ninety (90) days prior to the proposed date of termination. However, at the option of the UNIVERSITY, no termination shall be effective until any trainee(s) currently rotating at the FACILITY have completed the rotation.
2. **Training requirements** - Training will be conducted according to the applicable accrediting body requirements including:
 - Accreditation Council for Graduate Medical Education (ACGME) as found on the ACGME web site (www.acgme.org);
 - Accreditation Council for Pharmacy Education (ACPE) as found on the ACPE web site (www.acpe-accredit.org);
 - Commission on Dental Accreditation (CODA) as found on the CODA web site (www.ada.org)
3. **Educational Objectives** - Teaching for this educational assignment will be in relation to the objectives attached.
4. **Program Director/Site Director** - The UNIVERSITY OF KENTUCKY program director for trainees in this specialty is: «Program_Director». FACILITY Site Director for this educational assignment is: «Facility_Site_DirectorTitle_can_sign_c».
5. **Faculty** - The faculty identified below will assume educational and supervisory responsibility for trainees during this rotation. Faculty will ensure training in relation to the educational objectives to be achieved, and will also ensure that trainee(s) is (are) provided orientation and/or training specific to the expectations of the trainee's role at the FACILITY. Supervision will be appropriate to the licensure and privileges of the faculty member(s) under whom the trainee is being supervised; to the level of knowledge, experience and skills of the trainee; and to the level of care needed for the patient(s) to whom care is being provided. All supervising faculty must have an academic appointment at an applicable accredited sponsoring institution. Any supervising faculty without such appointment must have completed the necessary process and been appointed (voluntary, part-time or full-time) faculty at the University of Kentucky to participate in trainee education.

«List_All_nonUK_Supervising_Faculty_by_n»
6. **Evaluation** - Formal evaluations of the trainee will occur at the conclusion of the rotation, and/or more frequently if requested by the program director. Evaluations will be completed on forms provided by the UNIVERSITY OF KENTUCKY program director or his/her designee.
7. **Duration of Educational Assignment** - The duration of this rotation will be «Duration_of_Assignment_in_days_or_week».
8. **Policies and procedures that will govern trainee education** - While training at FACILITY, trainee will not be an employee of FACILITY; however, he/she will follow rules, regulations and policies applicable to his/her position as a trainee at FACILITY. Trainee will remain subject to all UNIVERSITY OF KENTUCKY rules, regulations and policies while at FACILITY including those governing conduct and grievance procedures. Any complaints regarding the trainee will be made by the faculty/site supervisor to the UNIVERSITY OF KENTUCKY program director. All formal complaints will be investigated, and such investigations will be conducted so as to assure adequate due process for both the complainant and the accused, including the right to appeal any adverse actions.
9. **Credentialing** – UNIVERSITY OF KENTUCKY affirms that primary source verification of credentials has been completed for trainee including applicable school diploma and state license, I-9 verification, occupational health screening, and valid ECFMG and/or VISA as applicable. UNIVERSITY OF KENTUCKY will provide such to FACILITY upon request.
10. **Compliance Training** - UNIVERSITY OF KENTUCKY affirms that the trainee has completed compliance training including

domestic violence, corporate compliance, HIV, OSHA, Risk Management, Discrimination and Harassment, HIPAA, Infection Control, Sleep and Fatigue management, Impaired Practitioner, and Handoff training. UNIVERSITY OF KENTUCKY will provide such to FACILITY upon request.

11. **Trainee privileges** - If FACILITY requires delineated clinical privileges, once requirements are met, trainee will be provided with FACILITY privileges for the period of time of the rotation.
12. **Compensation** - While on rotation at FACILITY, trainees will continue to receive a stipend and benefits through the UNIVERSITY OF KENTUCKY, and will not be paid by FACILITY. Unless otherwise stipulated, faculty/supervisor(s) will not receive monetary compensation for supervision of trainees under this agreement.
13. **Reimbursement** - The UNIVERSITY OF KENTUCKY will be reimbursed by FACILITY for the time the trainee(s) is(are) engaged in training activities. Reimbursement will be made to the Graduate Medical Education upon receipt of billings, as appropriate. In addition to clinical educational time, the training activities for which reimbursement will be made will include time spent at educational conferences, on approved leave, or involved in other training endeavors.
14. **The Joint Commission accreditation** - FACILITY, if eligible, is accredited by The Joint Commission, or by another recognized body with reasonably equivalent standards. If FACILITY is eligible, but is not so accredited, then a letter of explanation (to indicate why accreditation has not been either granted or sought) is attached. FACILITY will inform the University's Graduate Medical Education office in writing if there is a change in accreditation status within 30 days of that change.
15. **Medicare and Medicaid** - FACILITY agrees to follow all applicable Medicare and Medicaid rules and regulations governing billing of trainee services.

The parties hereto agree and stipulate that the original of this Agreement, including the signature page, may be scanned and stored in a computer database or similar device, and that any printout or other output readable by sight, the reproduction of which is shown to accurately reproduce the original of this document, may be used for any purpose just as if it were the original, including proof of the content of the original writing.

This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which, when taken together, shall constitute one and the same agreement. Any electronically transmitted signature or photocopy of a signature to this Agreement shall be deemed an original signature to this Agreement and shall have the same force and effect as an original signature. For purposes of this Section, an "electronically transmitted signature" means a manually-signed original signature that is sent in the form of a facsimile or sent via the internet as a "pdf" (portable document format) attached to an e-mail message

APPROVED BY:

UNIVERSITY Signature
Associate Dean for Graduate Medical Education

FACILITY Signature
«Facility_Site_DirectorTitle_can_sign_c»

RECOMMENDED BY:

UNIVERSITY OF KENTUCKY GME
Program Director Signature
«Program_Director»

FACILITY Program Director Signature
«Facility_Program_DirectorPhysician_Supe»

Form Revised 12/05/2014 (Off-site – reimbursement)