

MEDICAL EDUCATION ROTATION REQUEST PROCESS PROGRAM APPLICATION

INSTRUCTIONS

Programs requesting a **GROUP** or **RECURRING** clinical rotation at Children’s Minnesota must complete this application describing the proposed rotation details and the commitment of the rotating site to the rotation. If approved, this application signifies support for the educational merit of the proposed rotation. Programs are required to submit this application for any new rotation whether or not the program already has an existing opportunity at one of our clinical sites. At any point in this process, Children’s Minnesota may request documentation to support this application.

ROTATION REQUEST COURSE OF ACTION:

Step 1: Program leadership, and Program coordinator	To initiate the rotation request process, please ensure that the program application is completed at least 120 days before the proposed start date of the GROUP or RECURRING Application should be submitted to: Medical.Education@childrensmn.org
Step 2: Children’s Minnesota GME Team	GME team will carefully review the program application and will promptly reach out to the identified preceptor within 5 business days to complete the preceptor portion of the application. In order to maintain transparency, all communication with the preceptor will include the program contacts.
Step 3: Children’s Minnesota Preceptor	Complete the preceptor portion of the application and submit back to Children’s GME team: Medical.Education@childrensmn.org
Step 4: Children’s Minnesota GME Team	Once the GME team receives the completed application, they will carefully review the entire application. If the application meets the required criteria, the team will then contact the program to discuss our decision and the next steps to be taken.

PROGRAM INFORMATION

Training program and institution: _____

Academic advisor/Program Director

Name: _____

Email: _____

Administrative contact/program coordinator:

Name: _____

Email: _____

MN DEPARTMENT OF HUMAN SERVICES BACKGROUND CHECK

Training program acknowledges its responsibility as a Minnesota Department of Human Services entity. They will ensure that the mandatory background check clearance process is completed and maintained for this trainee. When requested, the training program or trainee will provide a current clearance letter to Children's Minnesota during the onboarding process.

Yes No

LEGAL AGREEMENT

Is there a current legal training agreement in place between this training program and Children's Minnesota?

Yes No

If no, please provide legal department contact information:

Name: _____

Email: _____

FUNDING

Children's Minnesota will seek Federal and/or State Graduate Medical Education reimbursement as applicable for amounts attributable to the learner's participation in the rotation at Children's. Sponsoring programs must not also claim their learners' time to avoid overlaps.

Is this rotation [MERC funding](#) eligible?

Yes No Unsure

Resident/Fellow rotations: Is there federal reimbursement funding available for this experience?

Yes No Unsure

MALPRACTICE INSURANCE COVERAGE

Training program acknowledges they are required to be currently insured for professional liability, which covers trainees and faculty. Training program will provide Children's Minnesota with a certificate of insurance evidencing said coverage or a letter describing its professional liability protection if self-insured during the onboarding process.

Yes No

PROPOSED ROTATION DETAILS

If there is not a current legal affiliation agreement in place between Children's Minnesota and your program the proposed start date is required to be at least 120-days out. If there is a legal agreement in place the start date can be within 56-days. Children's Minnesota requires that new rotations be at least 4 weeks in length or 20 shifts (minimum).

Select rotation type: Required Rotation Elective

Children's Minnesota preceptor(s) identified to supervise this experience:

Proposed start date of new rotation? _____

Proposed length of new rotation? _____

Number of rotations your program seeks to schedule per academic year? _____

Number of trainees your program seeks to schedule per rotation? _____

EDUCATIONAL JUSTIFICATION

Describe the rationale for the proposed clinical experience at Children's Minnesota. Indicate the purpose for this experience and why Children's Minnesota is the preferred site for this experience:

ROTATION EVALUATION

Describe the evaluation process for this experience (who, what, where, when):

ROTATION OBJECTIVES

At the conclusion of this experience, trainee should be able to (list 3 objectives):

ROTATION LOCATION(S)

Please select ALL locations the trainee(s) will be expected to travel to during their proposed rotation. If you are unsure of where a preceptor practices, please confirm with them directly before completing this section. [Click here to view a full list of Children's Minnesota locations and addresses.](#)

NOTE: Rotations occurring at a site with an * require legal affiliation agreements between your Academic Institution/Training Program and both Children's Minnesota AND the partnering clinical health system and any specific onboarding each requires.

STOP HERE!

Training Program portion of the application is complete. Save this application and email to the Children's GME Team:

Medical.Education@childrensmn.org