

# 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 <b>GROUP</b> or <b>RECURRING</b>  Application should be submitted to: <a href="mailto:Medical.Education@childrensmn.org">Medical.Education@childrensmn.org</a>
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: <a href="mailto:Medical.Education@childrensmn.org">Medical.Education@childrensmn.org</a>
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: \_\_\_\_\_

Proposed rotation name: \_\_\_\_\_

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

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.

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. Please note: If the new rotation will occur before the next academic year's Financial Agreement Addendum (FAA) has been agreed upon, the experience will NOT be reimbursed.

Does your program expect to invoice/seek reimbursement from Children's Minnesota for your trainee's time during this experience?

Yes, we are seeking reimbursement from Children's Minnesota

No, we are not seeing reimbursement from Children's Minnesota

Our program will request an FTE increase from the MMCGME FTE Oversight Committee

Yes  No

If yes, what additional FTE will you be requesting? \_\_\_\_\_

## 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

Children's Minnesota necessitates that new rotations must have a minimum duration of four weeks or a minimum of 20 singular occurrences to proceed.

Select rotation type:  Required Rotation  Elective

Proposed Children's Minnesota preceptor(s): \_\_\_\_\_

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.](#)

- Children's Minnesota - St. Paul Hospital
- Children's Minnesota - Minneapolis Hospital
- Children's Minnesota Specialty Center Minneapolis
- Children's Minnesota Specialty Center Lakeville
- Children's Minnesota Garden View Medical Center
- Children's Minnesota Specialty Center - Maple Grove (Elm Creek Blvd)
- Children's Minnesota Specialty Clinics - Minnetonka (Rehab Clinic or Specialty Clinics)
- Children's Minnesota Specialty Center - Woodbury
- Children's Minnesota Mental Health Specialty Clinic - Roseville
- Children's Minnesota Rehabilitation Clinic - Roseville
- The Mother Baby Center at Abbott Northwestern and Children's Minnesota\*
- The Mother Baby Center at United Hospital and Children's Minnesota\*
- The Mother Baby Center at Mercy with Children's Minnesota\*
- Ridgeview Medical Center Neonatal Care Unit - Waconia\*
- Children's Minnesota Partners in Pediatrics Primary Care Clinic - Brooklyn Park
- Children's Minnesota Partners in Pediatrics Primary Care Clinic - Maple Grove
- Children's Minnesota Partners in Pediatrics Primary Care Clinic - Plymouth
- Children's Minnesota Partners in Pediatrics Primary Care Clinic - Rogers
- Children's Minnesota Partners in Pediatrics Primary Care Clinic - St. Louis Park
- Children's Minnesota Primary Care Clinic - Minneapolis
- Children's Minnesota Primary Care Clinic - St. Paul (Garden View Medical Center)
- Children's Minnesota Primary Care Clinic - Hugo
- Children's Minnesota Primary Care and Specialty Center - Maple Grove (Bass Lake Road)
- Children's Minnesota Primary Care Clinic - West St. Paul
- Children's Minnesota Surgery Center - Minnetonka
- Abbott Northwestern - WestHealth Emergency Department and Urgent Care - Plymouth\*

\*Rotations occurring at this site 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!

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

[Medical.Education@childrensmn.org](mailto:Medical.Education@childrensmn.org)