**RESIDENCY TRAINING AGREEMENT GUIDELINES**

Q: When is an **Agreement** between Stanford Health Care (SHC) and the host residency training site (Host) required versus a Program Letter Agreement (PLA)?

A: An **Agreement** t is required only when all the below are true:

* Rotation is a *required* rotation (not elective) and is 1 (one) month or longer.
* Resident salary, benefits or malpractice insurance are provided by the Host.

Q: What is the process for initiating an Agreement with a Host site?

A: If you determine that an Agreement is required, then you must provide the below information to the GME Office for approval. If the GME Office approves the request, the GME Office will forward this information to the Office of General Counsel, who will work with the Program and the GME Office to draft and negotiate the Agreement.

**REQUIRED INFORMATION TO BE PROVIDED TO THE GME OFFICE FOR APPROVAL:**

1. Name of Residency/Fellowship Program: Insert Name of Program

2. Name of Program Director: Insert Name of Program Director

3. Program Director contact information: Insert Program Director Email

3. Name of Host: Insert Name of Host

a. Address of Host

b. Name of Contact

c. Contact email

d. Contact Telephone

4. Requested start date of rotation: Insert Rotation Start Date

*Note: Term of the contract will be effective on start date of the rotation and will be for 5 years.*

5. Length of rotation: Insert Length of Rotation

6. Description of rotation: Insert Description of Rotation

7. Description of competency based goals and objections: Insert Competency Based Goals and Objectives

8. Number of rotations: Insert Number of Rotations

9. Who is providing the resident salary? Insert SHC or Host

10. Who is providing the resident benefits? Insert SHC or Host

11. Who is providing the resident malpractice insurance? Insert SHC or Host

12. Name of individual responsible for working on the contract if different than Program Director: Insert name of Program contact to work with OGC on contract Insert email

Request: Approved: Insert Yes or No

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ann Dohn