



GME Resident Research/Elective Description
To Be Completed by Resident & Signed by Program Director

THIS FORM MUST BE COMPLETED & RETURNED TO YOUR COORDINATOR & PROGRAM DIRECTOR AT LEAST 2 MONTHS BEFORE THE START OF YOUR RESEARCH/ELECTIVE ROTATION.

Reminder: For off-site/affiliate rotations, an affiliation agreement or PLA is required prior to the start of the rotation (check with your coordinator for current agreements). Goals & Objectives for the rotation should be clearly defined.

Resident's Name: _____ PGY: _____

Program: [] HNS [] Int Med [] Ob/Gyn [] Pediatrics [] Podiatry [] Other: _____

Type of Rotation: [] Research [] Elective

Description of Research/Elective Rotation:

Title/Brief Description: _____

Site: [] Kaiser <Hospital> Hospital/Clinic, or [] Away at: _____

Will you be taking care of patients at Kaiser <Hospital Name> during this rotation? [] Yes [] No

Goals & Objectives: [] Attached [] Will be submitted to my Coordinator & Program Director BEFORE my rotation begins.

CHECK SCHEDULE! Dates of Research/Elective on Rotation Schedule: Start _____ End _____

Actual Dates of Rotations: Start _____ End _____

If Dates vary (even if by 1 day) - Describe what you were doing that is not shown on the Rotation Schedule:

What: _____

Where: _____

Start Date: _____ End Date: _____

Name of Evaluating Physician for Research/Elective (whether at Kaiser <Hospital> or Away): _____

IF APPLICABLE: Away Rotation Information for Agreement/PLA & General Contact:

Program: _____ Affiliate Site: _____

Affiliate Site Director: _____ Affiliate Program Director: _____

Site Coordinator _____ Email: _____

Phone: _____ Fax: _____

Site Address: _____

Name of Kaiser <Hospital> Program Director: _____

Signature of Program Director _____

Date _____

Signature of Resident _____

Date _____