

**CONFIRMATION OF EMPLOYMENT STATUS FOR SPECIAL PROJECTS PROFESSIONAL
LIABILITY SELF-INSURANCE PROGRAM**

Resident's Name _____

Department and Training Status _____

Project Description and Location _____

Supervisor(s) _____

Inclusive Dates _____

(Projects lasting longer than one year must be renewed annually)

The requested project is in keeping with the resident's training program and employment duties. Supervision will be in keeping with UNC Hospitals' standards.

The resident will ___ will not ___ receive extra financial compensation for the project.

Recommended by: _____
Department Chair (Date)

Reviewed by: _____
Senior Vice-President (Date)
6017 East Wing
UNC Hospitals

Reviewed by: _____
President and CEO (Date)
6015 East Wing
UNC Hospitals

The named resident has approval to participate in the special project described above. Such participation is consistent with the training program and employment duties of the Resident and is insured under the Professional Liability Insurance Trust Fund.

Approved by: _____
Chair, Liability Insurance (Date)
Trust Fund Council

****THIS PROJECT WILL NOT BE APPROVED FOR LIABILITY COVERAGE UNTIL ALL OF THE
REQUIRED SIGNATURES HAVE BEEN OBTAINED AND THE REQUIRED ATTACHMENTS
HAVE BEEN RECEIVED. SHOULD A RESIDENT BEGIN THE ROTATION PRIOR TO RECEIPT
OF REQUIRED DOCUMENTATION AND PRIOR TO THIS FORM BEING SIGNED, THE RESIDENT
WILL NOT HAVE LIABILITY COVERAGE.**

Attachments: Letter of Agreement
HIPAA Business Associates Agreement

Revised 9/92

Revised 5/97

Revised 2/2000

Revised/GMEC: 9/2003

Medical Staff Executive Committee Approval: October 20, 2003

f:\gmed\cefalo\policies & guidelines\2003\special projects form03.doc