

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

Resident's Name \_\_\_\_\_ Program and PGY level: \_\_\_\_\_

Inclusive Dates \_\_\_\_\_  
(Provide **actual dates** for length of project, or very close approximations.)

Project Description and Location (including a description of the educational value of the Project):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If this project involves International Travel the following must be completed:**

\_\_\_\_\_ [PD's initials] I certify that the resident/fellow will have all required GME paperwork, documentation and Office of Global Health Education mandated tasks completed AT LEAST 30 DAYS PRIOR TO DEPARTURE DATE in order to be allowed to travel. If not completed 30 days prior to departure date, the special project will be cancelled, any financial liability will be the responsibility of the individual resident, and the resident will be reassigned to an appropriate local alternative educational experience.

**All projects, regardless of location, require the following:**

\_\_\_\_\_ [PD's initials] I certify that the resident will have appropriate supervision for this project.

\_\_\_\_\_ [PD's initials] The requested project will meet an important educational need that is not available in the UNC Healthcare system, and is in keeping with the resident's training program and employment duties. Supervision will be in keeping with UNC Hospitals' standards.

\_\_\_\_\_ [PD's initials] I certify that the resident will receive an appropriate evaluation for the educational experience.

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

Recommended by: \_\_\_\_\_  
Program Director (Date)

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Reviewed by: \_\_\_\_\_  
Thomas Ivester, MD, MPH (Date)  
VP Medical Affairs and CMO  
UNC Hospitals

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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: \_\_\_\_\_  
B. Anthony Lindsey, MD (Date)  
Chair, Liability Insurance Trust Fund Council

**\*\*THIS PROJECT WILL NOT BE APPROVED FOR LIABILITY COVERAGE UNTIL ALL OF THE REQUIRED SIGNATURES HAVE BEEN OBTAINED. SHOULD A RESIDENT BEGIN THE**

ROTATION PRIOR TO OBTAINING THE REQUIRED SIGNATURES, THE RESIDENT WILL NOT HAVE LIABILITY COVERAGE.

Revised 9/92

Revised 5/97

Revised 2/2000

Revised/GMEC: 9/2003

Medical Staff Executive Committee Approval: October 20, 2003

Revised 7/2010

Revised 6/2013

Revised GMEC: 6/2019

Revised 1/2020