

**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 a close approximation if exact dates are unknown.)

Project Description and Location (include 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 **a minimum of 30 days prior to the date of departure**. If not completed 30 days prior to the departure date, the special project will be cancelled. Any financial responsibility will be the responsibility of the individual resident/fellow, and the resident/fellow 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/fellow 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/fellow's training program and employment duties. Supervision will be in keeping with UNC Hospitals' standards.

_____ (PD's initials) I certify that the resident/fellow will receive an appropriate evaluation for the education experience.

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

Recommended by: _____ Date: _____
Program Director

Reviewed by: _____ Date: _____
David Zvara, MD
Chief Medical Officer
UNC Hospitals

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

Approved by: _____ Date: _____
B. Anthony Lindsey
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/fellow begin the rotation prior to obtaining the required signatures, the resident/fellow will not have liability coverage.

Revised: 09/1992
Revised: 05/1997
Revised: 02/2000
Revised GMEC: 09/2003
Medical Staff Executive Committee Approval: 10/20/03
Revised: 07/2010

Revised: 06/2013
Revised GMEC: 06/2019
Revised: 01/2020
Revised: 02/2024