LETTER OF AGREEMENT

BETWEEN

THE UNIVERSITY OF NORTH CAROLINA HOSPITALS

AND

***«FACILITY NAME»***

This correspondence is a Letter of Agreement by and between the University of North Carolina Hospitals (“UNCH”) its residency training program in the Department of ***«RESIDENCY PROGRAM DEPARTMENT»***, and ***«FACILITY NAME»***,concerning activities to be undertaken with ***«FACILITY NAME»*** by ***«RESIDENT(S) NAME(S)»***, currently a ***«RESIDENCY PROGRAM NAME»*** resident with UNCH. This Letter outlines the parties’ responsibilities as they relate to the rotation. ***«RESIDENT(S) NAME(S)»*** will be assigned to ***«FACILITY NAME»*** from the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ through the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_. This experience will provide ***«RESIDENT(S) NAME(S)»*** with the opportunity to ***«SPECIFIC EDUCATIONAL GOAL OF ROTATION».***

The specific objectives for this rotation are:

1.

2.

3.

***«FACILITY NAME»*** accepts responsibility for training, supervising, and evaluating ***«RESIDENT(S) NAME(S)»***. ***«FACILITY NAME»*** shall provide ***«NAME or TITLE»*** to serve as site director for ***«FACILITY NAME»*** for purposes of this Letter of Agreement and who shall assume administrative, educational and supervisory responsibility for the resident(s) while assigned to ***«FACILITY NAME».*** The site director will facilitate communication among the parties and coordinate scheduling and activities of the residents to specific clinical cases and experiences, including their attendance at selected conferences, clinics, courses, and programs. All correspondence regarding schedules will be distributed and communicated with the UNCH supervising faculty member. A written evaluation of each resident’s performance will be provided to UNCH at the end of the rotation at ***«FACILITY NAME»***. ***«FACILITY NAME»*** shall provide a sufficient number of attending physicians with documented qualifications (e.g., experience with medical education and competencies) to instruct and supervise the clinical education experiences of all residents rotating to ***«FACILITY NAME»*** under this Agreement. ***«FACILITY NAME»*** acknowledges and agrees that all patient care will be supervised by qualified ***«FACILITY NAME»*** attending physicians.

UNC Hospitals shall maintain responsibility for the quality of the educational experiences and retains authority over the residents’ activities. The Residency Program Director for the Department of ***«RESIDENCY PROGRAM DEPARTMENT»*** shall be responsible for overseeing the quality of didactic and clinical education residents will receive at ***«FACILITY NAME»***.UNCH shall maintain in full force and effect self-insurance professional liability, including medical malpractice, for residents in amounts not less than $100,000 per occurrence, and for itself in amounts not less than required by the North Carolina Tort Claims Act.

***«FACILITY NAME»*** shall be responsible for its negligence and the negligence of its employees and agents in accordance with applicable law.

***«FACILITY NAME»*** shall promptly notify UNCH of any lawsuit(s) or claim(s) filed by or on behalf of a patient of ***«FACILITY NAME»*** against it, its physicians, and its employees, if any, which involve the services of a resident, at the address below to the attention of its Vice President for Risk Management or Chief Legal Officer. In the event of such lawsuit(s) or claim(s), ***«FACILITY NAME»*** will provide UNCH with any information related to such lawsuits of claim(s) that is reasonably requested by UNCH.

In the event that the Accreditation Council for Graduate Medical Education (ACGME) should request information and/or a site visit, the parties will cooperate with ACGME and promptly furnish any information reasonably requested and make the ***«FACILITY NAME»***’s premises available for reasonable inspection as may be requested by ACGME.

***«FACILITY NAME»*** acknowledges and agrees that UNCH residents who are not authorized to distribute controlled substances in accordance with ***«COUNTRY»*** law will not be able to distribute controlled substances as part of a plan of treatment of patients at ***«FACILITY NAME»***.

UNCH and ***«FACILITY NAME»*** agree that all activities during this rotation shall comply with ACGME Clinical and Educational Work Hour Requirements.

Please sign this Letter and return one original to UNCH for our files. At the end of this rotation, we ask that you provide an evaluation of ***«RESIDENT(S) NAME(S)»*** work on this project by way of a letter to ***«RESIDENCY DIRECTOR NAME»*** at the following address:

Thank you for your cooperation.

FOR AND ON BEHALF OF FOR AND ON BEHALF OF

THE UNIVERSITY OF NORTH ***«FULL FACILITY NAME»***

CAROLINA HOSPITALS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kenya McNeal-Trice, MD

ACGME Designated Institutional Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: 101 Manning Drive

 CB#7600 Chapel Hill, N.C. 27514

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept of ***«SOM DEPARTMENT»*** Program Director Site Director

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc: UNC Hospitals Graduate Medical Education Office

 101 Manning Drive

 1st Floor, 1017 West Wing

 CB#7600

 Chapel Hill, N.C. 27514

And

 UNC Hospitals Reimbursement/Cost Accounting Department

 211 Friday Center Drive

 Suite 2104

 CB#7600

 Chapel Hill, N.C. 27517