Procedural Guidelines for Residents and Programs regarding Out of State or Out of Country Rotations

Out of State or Out of Country Rotations

With regard to away (out of state) rotations for residents, UND must be alerted to rotations out of state but within the US so that they can be sure that residents have appropriate coverage and that regulatory requirements are met. The contact is the UND Payroll Office and the individual to contact is Kevin Kuntz (Email: kevin.kuntz@email.und.edu).   We anticipate that such alerts must be at least 30 days beforehand, but should be as soon as possible. Alerts should be submitted on the attached form (see Appendix B) and sent via email to Kevin with cc to Kristi Hofer at DIO's office (Email: Kristi.hofer@med.und.edu). DIO's office will file and track these rotations centrally for educational purposes, but program directors and their staff are individually responsible for making sure that UND has been alerted in a timely fashion. In circumstances in which this has not been done, the rotation may need to be postponed or cancelled.

With regard to away (out of country) rotations for residents, it is even more critical that UND is alerted well in advance. The same notification workflow will apply, as noted above.

Residents doing away rotations are currently covered for malpractice risk within the borders of the United States or Canada. The malpractice insurance policy coverage territory is the United States of America (including its territories and possessions), Puerto Rico and Canada. If a resident wants to go to any other area, they need to have malpractice insurance through the facility/agency for which they are doing their work. The UND SMHS will not be held responsible.   Our insurance agent was not able to find any policy that would provide malpractice insurance for residents in foreign countries other than Canada. It is recommend that any resident contemplating an out of country rotation in the near future needs to be counselled by the Program Director that he/she will NOT be covered by malpractice insurance (with documentation of the counseling in the resident's file) and to consider whether the rotation should be postponed until this issue can be addressed.

Appendices:

Appendix B: Remote Notice Form – Residency Rotation must be completed

Remote Site (Flexplace) Work Locations Policy

Scope of Policy: Applicable to President, Vice Presidents, Deans, Directors, & Department Heads, Area Managers & Supervisors, Faculty, and Staff.

What To Do When Establishing Flexplace Outside of North Dakota: See full policy for of the policy for steps that departments need to take before establishing a rotation in a location outside of the state of North Dakota, regardless of number of days in the rotation [(https://und.edu/finance-operations/_files/docs/3-12-flexplace.pdf)](https://und.edu/finance-operations/_files/docs/3-12-flexplace.pdf)

Establishing Flexplace Outside of North Dakota, Minnesota, or Wyoming

When flexplace arrangements involve working outside the states of North Dakota, Minnesota, or Wyoming, there are additional requirements that must be met prior to hiring or employing anyone in a location outside of these locations:

1. The supervisor identifies the potential need for an employee to work outside the states of North Dakota, Minnesota, or Wyoming.

2. The supervisor must contact the tax specialist in the Payroll Office to determine what legal issues, paperwork, and additional cost will be involved to employ an individual at the requested location. Potential issues include, but are not limited to, state tax registration, withholding tax, unemployment insurance, workers' compensation insurance, employment laws, availability of a payroll provider in that state/country, visas, etc. This information, along with cost estimates, will be provided in writing to the supervisor, and must be included with the agreement, if a flexplace is established.

3. After these discussions, if the supervisor still feels that it is necessary to employ someone to work outside of the states of North Dakota, Minnesota, or Wyoming, the supervisor will complete the flexplace arrangement agreement and attach the information provided by the Payroll Office. UND Finance & Operations Policy Library Section 3, Human Resources Flexplace 3.12 Page 7 of 8

4. The flexplace safety checklist (part of the agreement) must be reviewed by the employee to ensure the proposed off-site work setting is conducive and appropriate to work requirements, and meets accepted health and safety standards. The Office of Safety is available to assist employees and departments with safety questions or concerns.

5. The division's vice president, in consultation with the vice president for finance and operations, will consider the business justification, the details of the application and, if the remote site is outside of North Dakota, Minnesota, or Wyoming, whether or not the justification is worth the additional cost and on-going administrative effort to do business in another state. Final flexplace approval is granted after the agreement is signed by the division's vice president.

6. Upon approval, the department must work with the Payroll Office to complete any necessary paperwork for employment in the state and complete the out of state workers' compensation coverage form and submit it to the Office of Safety prior to the beginning of employment.*UND Finance & Operations Policy Library Section 3, Human Resources Flexplace 3.12*

Remote Notice Form – Residency Rotation

This Remote Notice Form for Residency Rotations is to be completed by the employing department and forwarded to Mr. Kevin Kuntz (email: kevin.kuntz@email.und.edu) at UND Payroll Office. A copy is to be sent to Kristi Hofer at DIO's office (email: kristi.hofer@med.und.edu).

Medical Resident:
Last Name:
First Name:
Middle Name:
EMPL ID:
Residency Program:
Program Director:

Location of requesting residency elective:
Name:
Address:
City:
State:
Phone:
 Start date of Resident Rotation:
End date of Resident Rotation:

UND Department Contact (person filling out form):
Residency Program:
Name:
Title:
Phone:
Email:

_____   _____
Department Signature   Date