



## **Out of State or Out of Country (Away) Rotations Policy for Residents/Fellows**

### **Out of State or Out of Country Rotations**

Refer to the University of North Dakota Remote Site (Flexplace) Work Locations Policy located at: <https://und.policystat.com/policy/4413452/latest/>.

With regard to away (out of state) rotations for residents/fellows, UND must be alerted to rotations out of state but within the US so that they can be sure that residents/fellows have appropriate coverage and that regulatory requirements are met. The contact is the UND Payroll Office and the individual to contact is Trent Meyer (Email: [trent.meyer@und.edu](mailto:trent.meyer@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 A) and sent via email to UND Payroll with cc to Kristi Hofer ([kristi.hofer@und.edu](mailto:kristi.hofer@und.edu)) for the DIO's office. 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 canceled.

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

Residents/Fellows 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/fellow wants to go to any other area, they need to have malpractice insurance through the facility/agency for which they are doing their work. Any resident/fellow contemplating an out of country rotation in the near future needs to be counseled by the Program Director that he/she will NOT be covered by malpractice insurance (with documentation of the counseling in the resident's/fellow's file) and to consider whether the rotation should be postponed until this issue can be addressed.

Appendix A: Remote Notice Form – Residency/Fellowship Rotation

Approved by GMEC 12/8/15

Revisions Approved by GMEC 12/12/17

Updated name notifications 09/01/2022



### Remote Notice Form – Residency/Fellowship Rotation

This Remote Notice Form for Residency/Fellowship Rotations is to be completed by the employing department and forwarded to Mr. Trent Meyer (Email: trent.meyer@und.edu) at UND Payroll Office. A copy is to be sent to Kristi Hofer (kristi.hofer@und.edu) for the DIO’s office.

**Medical Resident/Fellow:**

Last Name:  
First Name:  
Middle Name:

EMPL ID:  
Residency/Fellowship Program:  
Program Director:

**Location of Requesting Residency/Fellowship Elective: Name:**

Address:  
City:  
State:  
Phone:  
Start date of Resident/Fellowship Rotation:  
End date of Resident/Fellowship Rotation:

**UND Department Contact (person filling out form): Residency/Fellowship Program:**

Name:  
Title:  
Phone:  
Email:

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Department Signature

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Date