

Program Letter of Agreement for International Electives

Children's National Medical Center
Pediatric Residency Training Program
111 Michigan Avenue
Washington, D.C. 20010

This affiliation agreement is between **Children's National Medical Center Pediatric Residency Training Program** as the Sponsoring Institution, and

--

as the Participating Institution, located at the following address:

--

Name of resident:

Dates of Rotation	FROM:	TO:
-------------------	-------	-----

Learning Objectives for Rotation (additional pages may be attached): Please refer to International Child Health competency-based goals and objectives. A minimum of 3 objectives from at least two categories is required.

- Patient Care
- Medical Knowledge
- Interpersonal Skills and Communication
- Practice-based Learning and Improvement
- Professionalism and Ethical Issues
- System-based Practice

1.
2.
3.

During the time period at the Participating Institution, the faculty who will assume educational and supervisory responsibility for the resident is:

The faculty at the Participating Institution will be responsible for teaching, supervising, and formally evaluating the resident. At the end of the rotation the resident will be evaluated in writing by the supervising faculty. The evaluation will be discussed with the trainee before the end of the rotation, and a copy will be given to the resident to be placed in his/her evaluation file at CNMC.

While at the Participating Institution, the resident will be governed by the respective medical policies and procedures of the Participating Institution, which will be provided to the resident at the beginning of the rotation by the Participating Institution. For due process the resident will be governed by the CNMC Pediatric Residency Program's grievance procedure.

Agreed upon by:

Resident

Date

Global Health Faculty Mentor

Date

Dewesh Agrawal, M.D.
Director, Pediatric Residency Training Program, Children's National Medical Center

Date

Program Director or Mentor at Participating Institution

Date

Please return form to Lisa Mercado-Foster in the Pediatric Residency Office. FAX (202)476-4741