University of Massachusetts Medical School Fellows are eligible to accept extended employment as physicians at non-
UMass facilities beyond their normal graduate medical education duties and, in doing so, are provided coverage under the
UMass Memorial Health Care, Inc., self insurance program **ONLY IF:**

1. The Fellowship Program Director approves each extended employment arrangement,

2. The Fellow is compensated through UMass Medical School and otherwise follows all other applicable
requirements, and

3. The Non-University employer is approved by the Medical School and adheres to certain specified guidelines.

In order for a hospital, clinic, practice or other health care facility to be approved, this application must be submitted to the
UMMS OGME along with all required attachments.

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1. **For hospitals,** please attach a copy of your most recent JCAHO Accreditation Letter and a copy of the most
recent letter from the Massachusetts Board of Registration in Medicine indicating receipt and approval of your
Patient Care Assessment Plan.

2. **All sites must provide a list of names and titles of all attending physicians** who may be providing immediate
backup to the Fellow if needed. OGME must be notified of any changes in status of these or additional attendings
within three months of the change.

Each physician listed who is not currently credentialed by UMass Memorial Medical Center must provide a copy
of his/her medical license, documentation of current malpractice coverage, DEA License, and Certification that
s/he is in good standing with BORM. The site will not be approved without this documentation.

3. **Please note:** credentialing of the Fellow is the responsibility of the receiving entity.

4. Specific inpatient or ambulatory site or inpatient service unit where the Fellow will be assigned:

   If inpatient, please indicate whether:
   _____ Pager Call from home OR _____ In House Call

5. Predominant types of clinical services and procedures to be provided by the Fellow: **Please provide a detailed
description of procedures to be performed.**
6. Expected status (inpatient, ambulatory, emergency) and number of patients to be served:

7. Description of level and availability of **on-call attending physician supervision**. Includes how long it should take for on-call physician to get to hospital and respond to emergency situation/need for assistance:

8. Description of procedures for calling in back-up coverage:

9. Description of availability of on-site specialty consultations:

10. Description of availability of on-call consultations. Includes how long it should take for consulting physician to get to hospital and respond to request for consultation:

11. **Agreements**

   (Name of Institution) hereby agrees:

   A. To promptly notify the UMass Memorial Medical Center (UMMMC) Chief Medical Officer (CMO) of any potential liability incident or actual claim involving a UMMS Fellow; to cooperate fully in the investigation and defense of any claim; to provide UMMMC with the name and contact information of any agency to which an incident is reported; and to provide UMMMC with a summary of the results of any internal or external investigation.

   B. To reimburse the Medical School for compensation due to the Fellows on a current basis, at least bi-weekly. In addition to actual compensation paid to the Fellow, sites will be assessed an administration fee as reimbursement for payroll taxes and processing costs. All payments to the Fellows will be made through UMMS, via the Office of Graduate Medical Education.

12. **Signatures**

   Responsible Medical Staff Member ______________________________ Date

   Chief Executive Officer ______________________________ Date

13. **Approval**

   Associate Dean for Graduate Medical Education ______________________________ Date

   Chief Medical Officer, UMass Memorial Medical Center ______________________________ Date

   Medical Director of Self-Insurance Program ______________________________ Date