University of Massachusetts Medical School Residents 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 Residency Program Director approves each extended employment arrangement,
2. The Resident 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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**Name of Hospital, facility or practice:**

**Address:**

**Telephone:**

**Name of Chief Executive Officer:**

**Name of Risk Manager for Facility:**

**Name and Title of Contact Person or Responsible Hospital/Clinic Official:**

**Name and Title of Admin Contact:**

**Admin Contact Telephone & Address:**

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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 will be ultimately responsible for services provided by the Resident, along with a list of names and titles of all attending physicians who may be providing immediate supervision or backup. 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 Resident is the responsibility of the receiving entity.

4. **Specific inpatient or ambulatory site or inpatient service unit where the Resident 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 Resident:** **Please provide a detailed description of procedures to be performed.**
6. Expected status (inpatient, ambulatory, emergency) and number of patients to be served:

____________________________________________________________

7. Site supervision requirements must be consistent with the UMMMC Policy # 2034 Resident Supervision.

1. Levels of supervision are as follows:
   • Direct Supervision – the supervising physician is physically present with the Resident and patient.
   • Indirect Supervision:
     o With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
     o With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
   • Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

8. Description of level and availability of direct on-site attending physician supervision:

____________________________________________________________

9. 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:

____________________________________________________________

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

____________________________________________________________

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

____________________________________________________________

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

____________________________________________________________

13. Agreements

(Name of Institution)

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 Residents on a current basis, at least bi-weekly. In addition to actual compensation paid to the Resident, sites will be assessed an administration fee as reimbursement for payroll taxes and processing costs. All payments to the Residents will be made through UMMS, via the Office of Graduate Medical Education.
14. **Signatures**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Site Supervisor</td>
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<tr>
<td>Dept. Administrator or Person Responsible for Billing</td>
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</table>

15. **Approval**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Associate Dean for Graduate Medical Education</td>
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<tr>
<td>Chief Medical Officer, UMass Memorial Medical Center</td>
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<tr>
<td>Medical Director of Self-Insurance Program</td>
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Rev 3-16-2015