PROGRAM LETTER OF AGREEMENT
Attachment E-MCM 14-5

For Trainees of (Affiliate) an Accredited Training Program
Rotating to Martinsburg VAMC

Program:

Program Director:

Participating
Institution:

Program Director at
Participating
Institution:
Department:

Faculty at Rotation
Site: Name

	Role	Teaching	Supervision	Evaluation
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

Effective Date of the Affiliation
Agreement:

Expiration Date of Affiliation
Agreement:

Effective Date of this Agreement:

Expiration Date of this Agreement:
(No later than the expiration date of the affiliation
agreement)
Duration of Individual Rotation:

Number of Rotators per Year:

Goals and Objectives of this Rotation

Attach to this agreement

Evaluation Methods for this Rotation

Professional Liability Insurance Coverage for Trainees at Participating Institution

Provided by

Accreditation Information

Other Agreements, including financial reimbursements, not included in the Affiliation Agreement

Optional

This Agreement is subject to the terms of any Affiliation Agreement between the parties currently in effect. To the extent that the terms of the Affiliation Agreement and this Program Letter of Agreement conflict, the terms of this Program Letter of Agreement shall apply.

For the (Affiliate Name)   For VAMC Martinsburg

Signed: _____   Signed: _____
Print   Print
Name: Name:
          Program Director   Local Program Director
Date: _____   Date: _____

Signed: _____   Signed: _____
                                                Print
                                                Name
                                                Print
                                                Title:
Date: _____   Date: _____