

**Program Letter of Agreement**  
**between**  
**Rhode Island Hospital's <<Name of Residency/Fellowship>> Program**  
**and**  
**<<Participating Site>>**

This document serves as an Agreement between Rhode Island Hospital's Residency/Fellowship Program in <<Name>> (the "Sponsoring Institution") and <<Name of Participating Site>> (the "Participating Site") involved in resident/fellowship education. This Letter of Agreement is effective from \_\_/\_\_/\_\_\_\_, and will remain in effect for five years, or until updated, changed or terminated by the Residency/Fellowship Program and Participating Site.

**1. Persons Responsible for Education and Supervision**

At Sponsoring Institution:

Name and Title of Program Director:

Address:

Telephone:

Email:

At Participating Site:

Name and Title of Local Site Director:

Address:

Telephone:

Email:

List other Participating Site faculty by name or general group: <<Name(s)>>

The above mentioned people are responsible for the education and supervision, and evaluation of the residents/fellows while rotating at Participating Site.

**2. Responsibilities**

The faculty at Participating Site must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

**3. Content and Duration of the Educational Experiences**

The content of the educational experiences has been developed according to ACGME Residency/Fellowship Program Requirements, and include the following goals and objectives, as delineated in Attachment 1.

In cooperation with the above named Program Director, the Local Site Director and the faculty noted above at the Participating Site are responsible for the day-to-day activities of the Residents/Fellows to ensure that the outlined goals and objectives are met during the course of the educational experiences at Participating Site. The duration(s) of the assignment(s) to Participating Site is (are) described in Attachment 2.

**4. Policies and Procedures that Govern Resident Education**

Residents/Fellows will be under the general direction of the Sponsoring Institution’s Graduate Medical Education Committee, and will abide by all applicable Sponsoring Institution and Participating Institution policies, rules, regulations, and procedures, including duty hours.

**5. Financial Commitments**

- a. The Participating Site does not allow any resident under supervision to bill for his/her services.
- b. The House Officers are full-time employees of the Sponsoring Institution, and the Sponsoring Institution is responsible for the salaries, fringe benefits, medical malpractice insurance, as well as administrative and education expenses to support the House Officers and the Program. The Participating Institution shall make payments to the Sponsoring Institution, if applicable, to cover the cost of the expenses referenced in the preceding paragraph for assigned FTE positions in accordance with Attachment 3.

**6. Term and Termination**

This Agreement shall be effective on the day and year first written above and shall continue for a period of five (5) years. The Agreement will be automatically updated annually upon mutual agreement of the parties. This will be evidenced by the Sponsoring Institution providing updated Attachments 1-3 to the appropriate signatories at the Participating Site. This Agreement may be amended at any time by written agreement signed by all parties hereto.

Rhode Island Hospital

By: \_\_\_\_\_  
Designated Institutional Official  
Director, Graduate Medical Education  
Staci Fischer, MD

\_\_\_\_\_  
Program Director  
<<Name of Program>>  
<<Name of PD>>

(Participating Site)

By: \_\_\_\_\_  
Chief Executive Officer or Designee

\_\_\_\_\_  
Site Director

**Attachment 1**

**Educational Goals and Objectives**

**PLEASE SEE ATTACHED DESCRIPTION.**

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**Attachment 2**

**Schedule of House Officer Assignments**

**PLEASE SEE ATTACHED ROTATION SCHEDULE**

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**Attachment 3**

**Reimbursement of Participating Site**

**<<Name of Participating Site>> -<<Name of Program>>**

**Academic year \_\_\_\_\_**

<b>FTE</b>	<b><u>PGY</u> <u>LEVEL</u></b>	<b><u>STIPEND</u></b>	<b>FRINGE BENEFIT <u>23%</u></b>	<b>ADMIN. SHARED <u>COST</u></b>	<b><u>TOTAL</u></b>
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Payment by Participating Institution, Payable [monthly] \$

(NB: Figures above are estimates; actual reimbursement will be determined monthly, based on actual salary information and fellow schedules at the time of service)