60×30TX
Texas Higher Education Coordinating Board

Family Medicine Rural Rotation Resident Letter of Agreement

Residency Program

Resident Last Name

Resident First Name

Date of Planned Rotation

Program Director: Please sign where indicated, retain a copy for your records, and forward the original to the Rural Rotation Supervisor.

Rural Rotation Supervisor: Please sign where indicated, retain a copy, and submit a scanned PDF copy of the agreement to: familypractice@highered.texas.gov

I, the undersigned, hereby certify that the resident going on this rotation is in good standing at my program and meets all requirements set out in the attached guidelines. I also certify that the resident has appropriate liability insurance coverage for training activities that will occur during this rotation, as attested by the copy of the facesheet for the resident's insurance policy.

I also agree to abide by the attached Program Guidelines for the Family Medicine Resident's Rural Rotation, which I have read and understand.

Signature of Program Director

Date

I, the undersigned, hereby certify that I meet all requirements for Rural Rotations Supervisors set out in the attached guidelines. I also certify that I will submit all required evaluations and that I will not encourage or knowingly permit any activities that could endanger the resident's board eligibility, including permitting unsupervised patient care.

I also agree to abide by the attached Program Guidelines for the Family Medicine Resident's Rural Rotation, which I have read and understand.

Signature of Rural Rotation Supervisor

Date

Submit a scanned PDF copy of this agreement to: familypractice@highered.texas.gov