

Malpractice Approval Form
(For GME Fellows with Concurrent Faculty Appointments)

Name of Fellow: _____

Program: _____

Dates of Fellowship Year _____

Select the appropriate category in which the fellow will be acting as faculty (check all that apply)

1. ____ Fellow acting as faculty, solely to cover nights, weekends and holidays. (Note: call dates may not exceed 24 times per annum)

2. ____ Fellows who have completed training and are doing an extra research year with some clinical responsibilities. (Note: clinical activities may not exceed two months and there is a two year limitation)

3. ____ Fellows who spend some period of time in an outpatient clinical setting, in their primary specialty. (Note: may not exceed one half day per week)

Faculty appointment has been approved by the Graduate Medical Education Committee (GMEC)
____yes ____no

I agree to provide faculty call schedules and other documentation to demonstrate compliance with this policy.

Approved by:

Department Chair

Director GME

Date

Date

Cc: Cathy Anderson
Associate Dean