International Rotation Application Process
Review Committee for Surgery

When applying for an international rotation, a letter of request signed by the program director and designated institutional official (DIO) must be sent to both the Executive Director of the Review Committee for Surgery and the American Board of Surgery (ABS) at the following addresses:

Donna Lamb, DHSc, MBA, BSN
Executive Director, Review Committee for Surgery
Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000Chicago, Illinois 60611
dlamb@acgme.org

Jo Buyske, MD
Associate Executive Director
American Board of Surgery
1617 John F. Kennedy Boulevard, Suite 860
Philadelphia, Pennsylvania 19103

The program will receive separate approval letters from the Review Committee and the ABS. Both approval letters must be received prior to implementation of an international rotation.

When requesting Review Committee approval for an international rotation for the first time, the information in Column A must accompany the request. When additional residents plan to rotate to the same site with no changes to the original request, a notification letter, co-signed by the DIO, with the information marked in Column B, must be sent to the Executive Director. An acknowledgment letter will be sent to the program when the request is received.

A Requests for a new International Rotation	B Requests for additional candidates (same international site and supervising faculty)	
X	X	Name and location of international site
X	X	Documentation that the resident for whom the rotation is requested has the appropriate license to practice in the country where the rotation will occur

©2016 Accreditation Council for Graduate Medical Education (ACGME)

X	X	Name and PGY level of the resident for whom the rotation is requested (international rotations cannot occur during the PGY-1 or PGY-5)
X	X	Dates of the rotation (a minimum of a two-week rotation is required)
X	X	Verification that salary, travel expenses, health insurance, and evacuation insurance are provided by the Sponsoring Institution
X		Verification of the program's accreditation status (program must have Continued Accreditation)
X		A description of the clinical experience: • Type of center (governmental, non-governmental, private) • Scope of practice of the host center • A statement of the center's operative volume and type • Verification that the experience will include an outpatient experience • Verification that the resident will enter operative experiences in the ACGME Case Log System for credit
X		A statement addressing physical environmental issues, including housing, transportation, communication, safety, and language
X		A description of the educational resources, including access to a library with reasonably current resources and/or reliable access to web-based educational materials
X		Educational rationale - a statement describing what educational experience the international rotation provides that the primary institution or affiliates do not
X		A statement of the competency-based goals and objectives of the assignment
		Verification that that there will be an evaluation of resident performance based on the stated goals and objectives
X		Verification that the rotation is an elective
X		A list of the ABMS-certified faculty member(s) (or the faculty member(s) with qualifications deemed acceptable in advance by the Review Committee) who will supervise the resident for whom the rotation
X		A copy of the fully executed Program Letter of Agreement
	X	An informational letter with the name(s) of the additional resident(s) who plan to take advantage of this opportunity and a statement that the framework for the international rotation has not changed since the original application

©2016 Accreditation Council for Graduate Medical Education (ACGME)