Program Letter of Agreement
The University of Texas
Health Science Center at Houston

[Program Name & Type (Residency/Fellowship)] Program

The Accreditation Council for Graduate Medical Education (ACGME) requires a current Program Letter of Agreement ("Agreement") between each training program and each participating site, which provides one or more rotation assignments for that training program.

This Agreement is entered into by and between **[Insert Sending Institution Name]** ("Sending Institution"), represented by its Designated Institutional Official, on behalf of its above-named Training Program ("Program"), represented by its Program Director, and **The University of Texas Health Science Center at Houston ("UTHealth Houston")**, represented by **[insert Site Director's name]**, the Program's Site Director at UTHEALTH HOUSTON ("Site Director"), in order to implement and facilitate a supervised educational training experience for the trainees enrolled in the Program.

1. **Effective Date**

This Agreement shall become effective on **[insert date]** and shall remain in effect for ten years or until updated, changed, or terminated by either the Sending Institution or UTHealth Houston. Written notification of termination of this Agreement by either party must be provided to the other party at least 90 days prior to termination.

2. **Faculty who assumes the educational and supervisory responsibility for the trainee:**

The following faculty at the Sending Institution and UTHealth Houston assume both the educational and supervisory responsibilities for the trainees from the Program who are assigned to UTHEALTH HOUSTON:

At Sending Institution: **[insert Program Director's name]**
Program Director
Sending Institution Name

At UTHealth Houston : **[insert Site Director's name]**
Site Director
The University of Texas Health Science Center at Houston

3. **Faculty responsibilities for teaching and supervision of trainees:**

With the cooperation of the Program and its Program Director, the Site Director and her/his designees, as approved by the Program, must provide appropriate supervision of trainees in patient care activities and maintain a learning environment conducive to educating the trainees in the ACGME competency areas.

Program trainees must be supervised in all their activities at UTHealth Houston as commensurate with the Supervision Policy established by the Program, the complexity of care being given, and the trainees' own abilities and experience.

4. **Faculty responsibilities for formal evaluation of trainees:**

The Site Director and her/his designees, as approved by the Program, will be responsible for completing evaluations in a manner prescribed by the Sending Institution. Trainee evaluations will be both formal and informal and may be based upon direct observation, review of patient evaluations, direct assessment of knowledge, and clinical problem solving. At the conclusion of each period of assignment at UTHealth Houston, the Site Director and her/his designees, as approved by the Program, agree to provide a formal written evaluation of the trainee's performance during the assignment. All evaluations are to be sent to the Program Director in the manner prescribed by the Sending Institution.

5. **Content of the educational experience:**

With the cooperation of the Program and the Program Director, the Site Director and her/his designees, as approved by the Program, will be responsible for the day-to-day activities of the trainees to ensure that those goals and objectives are met during the course of their assignment at UTHealth Houston.

Trainees are required by the Program to attend departmental conferences and/or continuity clinics and/or other educational activities on a regular basis. The Site Director, her/his designee(s), as approved by the Program and UTHealth Houston,

agree that trainees assigned to UTHealth Houston shall be released from clinical duties in order to attend such activities as required by the Program.

6. Duration of the educational experience:

In accordance with the curriculum of the Program, trainees at the following post-graduate year (PGY) level(s) will be assigned to UTHealth Houston for the period and in the clinical arena(s) below specified.

PGY year	Assignment length (in months)	Assignment nature (I=inpatient; O=outpatient; B=both)	Note Attachment or Link to Educational Objectives for assignment

7. Policies and procedures that will govern trainee education during the assignment:

The Sending Institution is ultimately responsible for the Program and retains oversight of the quality of graduate medical education for its trainees. Its policies and procedures, including duty hour limitations consistent with the ACGME Common Program Requirements, will apply to trainees during their assignment at UTHealth Houston.

With regard to professional liability coverage, the Trainee and/or Sending Institution must provide proof of medical malpractice insurance with coverage amounts on an occurrence basis of no less than $500,000 per claim and $1,500,000 in aggregate. This proof must be submitted in advance and maintained for the entire duration of the rotation. UTHealth Houston does not provide medical malpractice insurance for trainees who are not enrolled in UTHealth Houston-sponsored programs.

UTHealth Houston's rules, regulations, policies, procedures, and medical staff bylaws will also govern the trainee's educational experience at UTHealth Houston. Any exceptions to these policies will take effect only with a written agreement between the officials responsible at the Sending Institution and UTHealth Houston and will be placed as an addendum to this Agreement.

UTHealth Houston shall have the right to require the Sending Institution to remove Trainees from this Rotation with or without cause.

Residents will remain employees of the Sending Institution and therefore Residents will receive all salary, compensation, financial remuneration, and fringe benefits from the Sending Institution. The Sending Institution will issue payroll checks to Residents and will be responsible for making all appropriate payroll deductions for Residents as required by applicable federal, state, and/or national laws, or as authorized by each Resident. Additionally, the Sending Institution will be solely responsible for paying the appropriate amount of all applicable federal, state, local, and international taxes with respect to all compensation and monies paid to each Resident and for filing all appropriate forms for tax purposes.

_____ Date: _____ _____ Date:_____

[Program Director Name]
Sending Institution Program

[UTHealth Houston Program Director Name]
Name of UTHealth Houston program

_____ Date: _____ _____ Date:_____

Sending Institution DIO Name
Sending Institution Designated Institutional Official

Pamela Promecene, M.D.
UTHealth Houston Designated Institutional Official

_____ Date:_____

_____ Date:_____

Kevin Morano, PhD
Senior Vice President
Academic and Faculty Affairs