Date:\_\_\_\_\_\_\_\_\_\_\_

Submitted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Peer ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PEER Contract Checklist for Graduate Medical Education**

This checklist should be completed prior to the submission of the on-line contract request through the PEER system. Please scan and upload as an attachment to the PEER contract request (Step 6 in PEER).

Note: For **domestic** agreements Contract Request must be submitted in PEER no less than **4 months expected start** date-greater than 4 months when possible. For **international away rotations** **7 months** to the rotation date is required.

1. Person or persons providing services (check one and include details requested):

\_\_\_Visiting Resident/Clinical Fellow

Supervising Physician at Vanderbilt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Vanderbilt Resident/Clinical Fellow (House Staff)

2. Is this contract specific for one person or is it an ongoing blanket contract for multiple people at different times? (check one and include details requested)

\_\_\_Only 1 (Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) **PGY Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_Multiple **PGY Levels:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3. Where is the rotation/work taking place? (check one and include details requested)

\_\_\_Incoming (Visiting Residents/Clinical Fellows toVanderbilt)

\_\_\_Outgoing (Vanderbilt House Staff to External Institution)

Will any part of this rotation take place outside the U.S.? If so, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Rotation Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rotation End Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Please list the Goals and Objectives for the Rotation if the agreement is for an away rotation for a Vanderbilt House Staff Member.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. If the agreement is for an away rotation for a Vanderbilt House Staff Member, do you have a current signed Program Letter of Agreement (PLA)?:

\_\_\_Yes (If yes, please provide this to our office ASAP, as it accompanies the contract)

\_\_\_No (If no, please contact GME regarding the steps to take)

\_\_\_N/A this agreement is for a Visiting Resident/Clinical Fellow (outside House Staff rotating at Vanderbilt)

7. Time spent providing services under this contract (eg. Days per week, days per month, hours per week…):

Visiting Residents to Vanderbilt or Housestaff on Away Rotations (Educational Elective, no reimbursement to Vanderbilt):

\_\_\_ short-term (less than 6 months, typically 30 days or less)

\_\_\_ long-term (6 months or longer – Also, check if this is a multiple rotation contract)

Vanderbilt House Staff Clinical Rotations where reimbursement to Vanderbilt should be provided:

\_\_\_% of one person’s time will be spent providing these services

\_\_\_% of a full time employee (FTE) (Multiple people adding up to this amount)

8. If reimbursement is expected please determine and document the Fair Market Value based on the information below (Consult your Financial Administrative Officer or GME). Scan your budget into PEER with this document.

House Staff Stipend (based on PGY level \_\_\_\_ and % of effort) $

Fringe Benefits (% of salary based on current Fringe Rate) $

Other items – (ACGME fees, uniforms, laundry, Indirects) $

Budget Scanned into PEER:

\_\_\_Yes

\_\_\_No

\_\_\_N/A

9. If this is a long-term, multiple person, outgoing rotation, please specify who will be supervising the residents/fellows while they are on site for rotation at the other institution

\_\_\_A Vanderbilt Physician

\_\_\_A Licensed Physician from the other Institution

**Please advise residents not to purchase airline tickets, etc. before contract is finalized.**

**All communication should occcur between Program Director/Coordinator and Contract Analyst** (You will be notified of the Contract Analyst assigned after PEER submission) **or the GME Office only!**

**Revised 10/2017 GME PEER Approval Date\_\_\_\_\_\_\_\_\_\_\_\_**