



Office of Graduate Medical Education

Non-Required Elective Rotation
With Compensation Form
Academic Year _____

Please complete a separate form for EACH non-required elective for which you receive compensation.

Resident Name: _____ PGY Level _____

Residency Program: _____

SC Medical License #: _____

Title of Rotation in MedHub: _____

Area of MUSC where this will take place (STICU, 9W, etc...): _____

- 1. The initiating service is responsible for underwriting the compensation.
2. Malpractice Insurance is covered through MUSC as part of your training program.
3. Program Director must attach goals and objectives for this rotation (must include the applicable core competencies)
(GME Office: check here that goals and objectives have been submitted and meet standards [] _____)
4. Evaluations of this non-required elective rotation must be completed in MedHub every six months at a minimum.
5. Residents may not participate in the non-required elective rotation with compensation until all signatures have been obtained.
6. The time spent in non-required elective rotations count toward the 80-hour work week.
7. PGY-1 residents are not eligible for non-required electives with compensation.

Resident Signature

Date

Program Director Signature

Date

ACGME Designated Institutional Official's Signature

Date