

Yale-New Haven Medical Center
Write the Name of the Program

Program Letter of Agreement

This letter of agreement between (**Write your program Name**), of the Department of (**Write Department Name**) sponsored by Yale-New Haven Medical Center, (the Sponsoring Institution), and the (**Write Participating Program/ Institution**), located at the **Connecticut Veterans Administration Health Care System** (the Participating Institution), is effective the (**Write day**) day of (**Write Month**), 20__.

The (**Write your Program Name**) Program of Yale-New Haven Medical Center seeks to improve the quality of the training program, enhance the residents experience as well as to promote learning in (**write what kind of experience residents will receive at this site**) by entering into an affiliation agreement. The Program will, in general, have (**insert number of FTEs at the VA at anytime**).

CONDITIONS

1. During the time period at the Participating Institution, the (*Write the Name of the Office or Person*) will assume administrative, educational and supervisory responsibility for the residents.
2. While at this institution the residents are expected to learn the following (*outline the primary goals and objectives to be attained while residents rotate at the Participating Institution.*)
3. The trainees will spend (**Write time in months**) months at the Participating Institution. During this time the residents will continue to be paid by the Sponsoring Institution and will retain all of their benefits from the Sponsoring Institution. The trainees will be covered by the Federal Tort Claims Act for their activities at the Connecticut Veterans Administration Health Care System for the length of the rotation at the Participating Institution.
4. For the length of this rotation, the Participating Institution is responsible for teaching, supervision, and formal evaluation of residents under the responsible attending faculty. At the end of the rotation each resident will be evaluated in writing by the supervising faculty. The evaluation will be discussed with the trainee before the end of the rotation and be included in the trainees permanent file. (*Add any other items for which the institution is responsible*)
4. While at the participating Institution the trainees will be governed by the respective medical policies and procedures of the Participating Institution, which will be provided to the trainees at the beginning of the rotation by the participating institution. For due process the trainees will be governed by Yale-New Haven Medical Center's grievance procedure.

Witness whereof,

Signature & Date
Program Director's Name
Program Name
Yale-New Haven Medical Center

Signature & Date
Name of Responsible Individual
Title of Responsible Individual
Connecticut Veterans Administration Hospital

Signature & Date
Rosemarie L. Fisher, M.D.
Designated Institutional Official
Yale-New Haven Medical Center

Signature & Date
Linda Godleski, M.D.
ACOS, Education
Connecticut Veterans Administration Hospital