

International Rotation Application Process Review Committee for Thoracic Surgery

Introduction

The Review Committee will consider applications for international rotations from programs with a status of Continued Accreditation. Such a rotation must be for a minimum of two weeks and a maximum of three months, which will count toward six months of allowable elective rotations in the last two years of the educational program. Residents/fellows may have only one international rotation in the final two years of the educational program.

Application

To apply for an international rotation in thoracic surgery or congenital cardiac surgery, a letter of request, signed by both the designated institutional official (DIO) and the program director, must be sent at least 90 days prior to the start of the rotation to both the Review Committee for Thoracic Surgery and the American Board of Thoracic Surgery (ABTS) at the following addresses:

Chris Fox, PhD
ACGME
cfox@acgme.org

Patricia Watson
American Board of Thoracic Surgery
633 North Saint Clair Street, Suite 2320
Chicago, Illinois 60611
patriciawatson@abts.org

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

The following table outlines the requirements for these applications. When requesting Review Committee approval for an international rotation for the first time, refer to Column A. When additional residents/fellows plan to rotate to the same site with no changes to the original request, a notification letter from the program director, co-signed by the DIO, with the information in Column B, should be sent to the Review Committee and the ABTS at the addresses above. An acknowledgment letter will be sent to the program.

Requirements for Submission of Applications for International Rotations

A Requests for a new international rotation	B Requests for additional candidates (same international site and supervising faculty member(s))	
X	X	Letter or request signed by the DIO and program director
X	X	Name and PGY level of the resident for whom the rotation is requested
X	X	Statement affirming the resident is in good standing
X	X	Name and location of the international site
X	X	Dates of the rotation
X		List of supervising faculty member(s) and their CVs
X		Educational rationale for the request that describes the educational experience the international rotation provides that the primary/participating site(s) do not
X		Copy of the fully executed Program Letter of Agreement
X		Statement of environment, including work hours, safety, transportation, and language
X		Verification that salary, license, and insurance will be provided to the resident
X		Statement that the rotation will include peri-operative care
X	X	Evidence of requesting the rotation with the certifying board
	X	Statement that the framework for the international rotation has not changed since the original approval; major changes may require a re-submission