

International Rotation Application Process Vascular Surgery Independent Programs Review Committee for Surgery

Programs applying for an international rotation must send a letter of request, signed by both the designated institutional official (DIO) and the program director, to both the Review Committee for Surgery and the American Board of Surgery (ABS) at the following addresses:

Chris Fox, PhD
Executive Director, Review Committee for Surgery
cfox@acgme.org

Jo Buyske, MD
American Board of Surgery
1617 John F. Kennedy Boulevard, Suite 860
Philadelphia, Pennsylvania 19103

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

Column A in the table that follows outlines what must be submitted to the Review Committee, in addition to the letter of request, when seeking approval for an international rotation for the first time. When additional fellows request to rotate to a previously approved international location, and if there are no changes since the prior approval, a notification letter from the program director, co-signed by the DIO, with the information in Column B on the table that follows, must be submitted to the Review Committee. An acknowledgment letter will be sent to the program when the request is processed.

US territories are not considered international sites and do not need this pre-approval; rotations to sites in US territories are considered elective rotations.

Email questions to Review Committee staff members, contact information for whom can be found on the [Surgery section of the ACGME website](#).

**International Rotation Application Process
Vascular Surgery Independent Programs**

A	B	
Request for a New International Rotation	Requests for Additional Candidates (Same International Site and Supervising Faculty Members)	
X	X	Name and location of international site
X	X	Documentation that fellow for whom rotation is requested has appropriate license or equivalent approvals (which could be from the hospital where fellow will be rotating)
X	X	Name and PGY of fellow for whom rotation is requested
X	X	Dates of rotation (Review Committee requires a minimum of two-week rotation; ABS requires at least four weeks and a maximum of 12 weeks for credit)
X	X	Verification that salary, travel expenses, health insurance, and evacuation insurance are provided by the Sponsoring Institution If alternate funding will be used (other than Sponsoring Institution), specifics must be detailed as to source and confirmation of funding
X	X	List of ABMS-certified faculty member(s) [or faculty member(s) with qualifications deemed acceptable in advance by Review Committee], OR international physician who will partner with ABMS-certified vascular surgeon who will supervise fellow on rotation
X	X	Verification of the program's accreditation status <ul style="list-style-type: none"> • The program should have graduated at least two classes of fellows and have a status of Continued Accreditation • Board pass rates, for the prior two years, should meet or exceed program requirements
X		A description of the clinical experience: <ul style="list-style-type: none"> • Type of center (governmental, non-governmental, private, etc.) • Brief statement of scope of practice of host center • Description of fellow experience, including a statement ensuring that fellow will gain exposure to surgical care of cancer patients; fellow can provide multidisciplinary care of cancer patients when feasible • Description of how outpatient experience will be provided • Verification that fellow will enter operative experiences into ACGME Case Log System for credit

X		A statement addressing physical environmental issues, including housing, transportation, communication, safety, and language, including any current or recent government-issued travel advisories regarding location of educational site, as well as any special travel documentation needed for entry and exit of country
X		A description of educational resources, including access to a library with reasonably current resources and/or reliable access to web-based educational materials
X		Rationale describing educational experience international rotation provides that primary clinical/participating sites do not
X		A statement of competency-based goals and objectives of rotation
X		Verification there will be an evaluation of fellow(s) performance based on stated goals and objectives and by whom
X		Verification that rotation is elective
X		A copy of fully executed Program Letter of Agreement
	X	Informational letter with name(s) of additional fellow(s) who plan to take advantage of this opportunity, and a statement that framework for international rotation has not changed since original application