

REQUEST FOR APPROVAL OF INDEPENDENT PRACTICE OUTSIDE OF TRAINING PROGRAM

This form requests approval for a trainee to provide patient care services in his/her board eligible/certified field outside of the duties and curriculum of the current training program. The trainee must have a secondary appointment as an Instructor or above and must request and be granted privileges in the Medical Staff organization to practice **independently** in the board eligible/certified field of training. This clinical activity is covered by a separate contract and payment for services is by extra compensation. Professional liability insurance coverage can be obtained through the URM's insurance program upon meeting the insurance eligibility criteria. The cost for this coverage will be paid by the Department or the Independent Practitioner. This trainee may bill for independent services through departmental billing operations.

This request form should be submitted for fellows in both "approved" and "unapproved" (departmental) fellowships. The restrictions on what qualifies as independent practice is different for each type of fellowship.

Generally for trainees in "approved" programs, services must take place in an outpatient or ED setting. Inpatient services at Highland Hospital may be allowed under specific circumstances. Given the complexity of the regulations, please contact the Compliance Office to discuss inpatient guidelines. The trainee must possess an unrestricted medical license and meet all other requirements of attending staff. Services provided must be clearly identifiable as duties performed outside of the training program. Beginning secondary appointments are initiated on the 500 form, subsequent reappointments are handled on the 510 form, with 211 forms used for extra compensation for these duties.

For trainees in "approved" programs, to be in compliance with New York State Health Code Section 405 and ACGME regulations, the hours devoted to this extra work must be added to all work hours related to the primary training program. These combined work hours must meet duty hour standards discussed in the GME manual – Institutional Oversight Monitoring of Resident/Fellow Duty Hours section.

The trainee may not independently bill for any activities that are part of their educational program.

Complete the form and follow the instructions on the next 2 pages.

INDEPENDENT PRACTICE OUTSIDE OF TRAINING PROGRAM APPLICATION (1 of 2 pages)

I. To be completed by the trainee and the Program Director and submitted to the GME Office (Box 601G) for approval. This form will subsequently be routed to the Compliance Office for approval.

Trainee Name:	
Name of Fellowship Program:	
Dates of Proposed Independent Practice:	
Description of Independent Activities to Be Performed:	
Department of Clinical Appointment Sought:	
Location of Activities (for trainees in "approved" programs), only outpatient activities or ED services are allowed at SMH):	
Billing Arrangements: <ul style="list-style-type: none"> • Will charges be submitted to 3rd party payors? • If Yes, whose name and billing number will be used? • Will the trainee directly receive payment (above and beyond their trainee salary) for these independent practice activities? 	Yes No Name: Yes No
Hours of Proposed Activities (actual hours must be reported to and approved by the program director):	

I acknowledge that the work done during these hours is NOT part of my training program.

Signature of trainee: _____

I acknowledge that these activities will be reported on GME work hours surveys and will not place the trainee or the institution in violation of the New York State Health Code Section 405.

Signature of GME trainee: _____

Continue to page 2 of application.

INDEPENDENT PRACTICE OUTSIDE OF TRAINING PROGRAM APPLICATION (2 of 2 pages)

	PRINT NAME	SIGNATURE		
Trainee:			Date:	
Program Director:			Date:	
GME Office:			Date:	
Compliance Office:			Date:	

Name of administrative person completing/ submitting request (Print Name & Phone Ext)	
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This program is an approved GME program. This program is an unapproved GME program.

- I. The trainee must meet with a representative of the Compliance Office before independent work can begin. Please call 275-1609 to schedule this appointment.
- II. In conjunction with the submission of the application for Independent Practice, obtain the appropriate Faculty and Medical Staff appointments
 - Faculty Appointment – Instructor
 - Medical Staff Appointment – Details on credentialing can be found at:

http://intranet.urmc-sh.rochester.edu/depts/mso/Credentialing/in_index.asp
- III. Obtain Malpractice Insurance by completing the Request for Coverage Form (available from the Office of Counsel, 275-2796); activities outside of training program require additional coverage.
- IV. Complete third party payor applications for credentialing and billing numbers.
- V. Coordinate billing capability with the URMFG Billing Office.

cc: GME Office, Credentials & Privilege Review Office, Compliance Office, Dean’s Office

Revised 2/24/06, 1/23/07; 2/18/09, 4/17/09

