

University of Rochester Medical Center  
Graduate Medical Education

**Transfer Policy**

Simultaneous Matches:

If an individual matches at URMCM for a PGY2 year position, by February 1<sup>st</sup> of the URMCM appointment year, the program is responsible for sending the transfer form to the individual's current program and receive the information requested back by March 15<sup>th</sup> of the appointment year so that the URMCM contract mailer can be sent out on April 15<sup>th</sup>.

*Sample letter for the URMCM program to send to the simultaneous matched applicant the day after the match:*

We are pleased that you have matched with us for a PGY2 year position beginning on xx/xx/xxxx contingent on your successful completion of your pre-requisite year of training and ability to start with us on xx/xx/xxxx.

Note: If the trainee cannot begin on xx/xx/xxxx, the program can request the NRMP to approve a waiver. The program must have the NRMP's approval before proceeding in selecting someone else.

Non-simultaneous Matches:

For individuals that match at URMCM and are currently in another program on Match Day, then the program is responsible for sending out the transfer information the day after Match Day and receiving the information back prior to April 15<sup>th</sup>. No contract will be generated until transfer information has been received.

*Sample letter for the URMCM program to send to the individual's current program:*

Your trainee, XX, has just matched with our University of Rochester Medical Center program. In order for us to process a contract, please complete the attached and send back to us with (1) rotations completed to date, (2) procedure/operative experience record to date, and the (3) interim transfer competency-based performance evaluation.

Please see the transfer requirement from the ACGME Common Requirements on our attached checklist.

We look forward to hearing from you as soon as possible.

Contracts:

Contracts from the GME Office will not be mailed until transfer information is complete.

### Checklist for Program Transfer

**This checklist is to be completed for all residents/fellows entering your program who have not completed their current program (including those who simultaneously matched to your program) and are transferring to a University of Rochester program. (This does not apply to those who are anticipating completion of current residency/fellowship.)**

From ACGME Common Requirements:

*III C.1. Resident Transfers*

"Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident." Clarification from the ACGME on this issue: This includes (1) evaluations, (2) rotations completed, (3) procedural/operative experience, and (4) an interim evaluation (see attached), and (5) a summative competency-based performance evaluation from the sending program director no later than July 31<sup>st</sup>.

Note: The ACGME uses the generic term "resident" whether addressing residents or fellows.

#### Guidelines to Follow

1. Do **NOT** offer a position until checklist is completed. GME Office will give final approval before a program can make an official offer. (For those simultaneously matching to your program, this guideline #1 does not apply.)
2. Send completed checklist to GME Office along with a duplicate application package. The applicable 600/610 form can be sent at a later date. "Due diligence" must be done before a contract is issued by the GME Office.
3. **Each of the items listed below must be completed and included with this form and sent to the GME Office.**

=====

Future Trainee Name (print): \_\_\_\_\_

Current Training Program: (e.g., internal medicine, surgery) \_\_\_\_\_

Program Name/Location (e.g. Albany Medical Center, NY) \_\_\_\_\_

US citizen? \_\_\_\_Yes; \_\_\_\_No      If no, indicate visa status: \_\_\_\_\_

Please attach the following:

- 1) Rotations completed to date
- 2) Procedure/operative experience record to date
- 3) Interim transfer competency-based performance evaluation (attached)
- 4) Educational and work history chronological timeline (see GME web site, new hire checklist)
- 5) ECFMG certificate if an international medical graduate

Why switching programs?



**Office of Graduate Medical Education  
INTERIM TRANSFER EVALUATION**  
(to be completed by Current Program Director)

Trainee Name: \_\_\_\_\_ Institution Name: \_\_\_\_\_

Program: \_\_\_\_\_ Current PGY Level: \_\_\_\_\_

In current program --  
Training Start Date: \_\_\_\_\_ Anticipated Training End Date: \_\_\_\_\_

**THE FOLLOWING ARE REQUIRED AND MUST BE ATTACHED TO THIS FORM: (1) Rotations completed to date; (2) Procedure/operative experience record to date (if applicable).**

**At this point, the trainee is displaying an acceptable level of competence for each of the following ACGME's core competencies based on his/her level of training.:**

<b>Patient Care:</b>	<b>Yes</b>	<b>No</b>
<b>Medical Knowledge:</b>	<b>Yes</b>	<b>No</b>
<b>Interpersonal and Communication Skills:</b>	<b>Yes</b>	<b>No</b>
<b>Professionalism:</b>	<b>Yes</b>	<b>No</b>
<b>Practice-Based Learning and Improvement:</b>	<b>Yes</b>	<b>No</b>
<b>Systems-Based Practice:</b>	<b>Yes</b>	<b>No</b>

**To your knowledge has this physician:**

1. Ever been on probation during the training program?	<b>NO</b>	<b>YES</b>
2. Any pending professional misconduct proceedings or pending malpractice actions? Judgments or settlements?	<b>NO</b>	<b>YES</b>
3. Ever been suspended or had his/her privileges restricted or terminated?	<b>NO</b>	<b>YES</b>
4. Ever been denied a certificate of completion of training for any reason?	<b>NO</b>	<b>YES</b>
5. Ever resigned or withdrawn his/her association with your program to avoid the imposition of disciplinary measures?	<b>NO</b>	<b>YES</b>
6. Experienced health problems, either physical or mental, including substance abuse, which affected his/her performance in patient care?	<b>NO</b>	<b>YES</b>
7. Ever been convicted of a crime?	<b>NO</b>	<b>YES</b>

=====

**A YES to any of the above questions in this section should have an explanation ATTACHED.**

\_\_\_\_\_ YES, per ACGME regulations, I agree to send to the University of Rochester program a final summative competency-based performance evaluation as well as a listing of rotations completed and procedure/operative experience record (if applicable) for this training year by July 31<sup>st</sup>.

Printed Name of Program Director: \_\_\_\_\_

Current Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_