

**Louisiana State University Health Sciences Center**  
**LSU School of Medicine**  
**Graduate Medical Education**  
**ACGME Letter of Agreement**

This Letter of Agreement (“LOA”) will serve as an understanding between LSU School of Medicine (program name) Residency/Fellowship Program and University Medical Center New Orleans (UMCNO).

This LOA is effective from the (date) day of (month), (year), and will remain effective for **five (5) years or** until updated, changed, or terminated by the (program name) (residency/fellowship) and UMCNO.

Both parties understand and agree that this LOA is subject to that certain Affiliation Agreement (“Agreement”) and a Supplement to Affiliation Agreement (“Supplement”) entered into and currently in effect between the LSU Health Sciences Center and UMCNO. As further detailed in Section E of the Supplement, in the event of any conflict between this LOA and the Agreement, or the Supplement, the terms of the above shall govern in the order of precedence listed in this sentence. Both parties also agree that in case of termination for any reason of the Agreement and/or the Supplement, such termination shall also address the termination of this LOA as applicable.

**1. Responsible Persons for Resident Education and Supervision**

At LSU School of Medicine: (Program directors name)  
(Program name)

At UMCNO: (name of person responsible for residents/fellows)

The above mentioned people are responsible for the administration, education, and supervision of the (resident(s)/fellow(s)) while rotating at UMCNO.

**2. Educational Goals and Objectives**

Educational goals and objectives to be obtained by the (program name) (resident(s)/fellow(s)) while rotating at UMCNO have been developed jointly between LSU School of Medicine (program name) and UMCNO. The following are those educational goals and objectives:

*\*Goals and objectives listed here, or can be a separate, attached page.*

With the cooperation of the School’s (program name) Program Director, the (individual(s) at UMCNO) will be responsible for the day-to-day activities of the (resident(s)/fellow(s)) to assure that the outlined goals and objectives are met for the (resident(s)/fellow(s)) during the course of rotation at UMCNO.

**3. Period of Assignment of Residents, Financial Support and Benefits.**

To assure that the proper educational goals and objectives are obtained by the (resident(s)/fellow(s)), the recommended period of assignment will range from (program to

specify length) rotations as assigned by LSU School of Medicines (program name) Program Director and UMCNO.

Financial arrangements i.e. resident salary, benefits, and professional liability insurance are provided and paid by LSU School of Medicine with or without reimbursement from the Affiliating Entity pursuant to the Affiliation Agreement and Supplement(s) thereto between LSU School of Medicine and UMCNO. (Resident(s)/fellow(s)) will be under the general direction of the LSU School of Medicine House Staff Policy and Procedure Manual to include, in part, policies related to benefits and leave time.

**4. Responsibility for Teaching, Supervision, and Evaluation of Residents**

(The individual) at UMCNO as appointed by the Department of (program name) will be responsible for providing adequate supervision of the (resident(s)/fellow (s)) during the course of their educational experience while rotating at UMCNO as embodied by both LSU School of Medicine House Staff Policy and Procedure Manual, and UMCNO department' s staff policies. Residents will be expected to be supervised in all their activities commensurate with the complexity of care being given and the residents own abilities and experience.

Resident evaluations will be formal and informal. Physicians with significant contact with a LSU School of Medicine (resident or fellow) will complete an evaluation form supplied by (name of program) at the conclusion of the residents rotation at UMCNO. LSU School of Medicine residents and fellows shall complete evaluations for UMCNO rotation and the teaching faculty. Evaluations are to be sent to (Program Director).

**5. Policies and Procedures for Education that Govern Residents**

The Program Director at LSU School of Medicine is ultimately responsible for the oversight of all resident activities. The policies and procedures as specified in the Affiliation Agreement and Supplements thereto with UMCNO will govern residents.

Any exceptions to these policies will take effect only with a written agreement between the responsible officials at LSU School of Medicine and UMCNO and will be placed as an addendum to this Letter of Agreement.

\_\_\_\_\_  
Name, (program name) Program Director, date

\_\_\_\_\_  
Name and Title UMCNO, date  
Supervisor

\_\_\_\_\_  
Charles Hilton, MD, DIO  
Associate Dean for Academic Affairs  
LSU School of Medicine-New Orleans

\_\_\_\_\_  
Paolo Zambito, Interim CEO UMCNO, date