

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

This document will serve as an Agreement between LSU School of Medicine (program name) Residency/Fellowship Program and (Affiliating Entity).

This Letter of Agreement is effective from the (date) day of (month), (year), and will remain effective for **ten years or** until updated, changed, or terminated by the (program name) (residency/fellowship) and (Affiliating Entity).

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

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

At (Affiliating Entity): (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 (Affiliating Entity).

**2. Educational Goals and Objectives**

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

*\*Competency Based 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 Affiliating Entity) 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 (Affiliating Entity).

**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 (Affiliating Entity).

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 (Affiliating Entity). (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 Affiliating Entity) 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 (Affiliating Entity) as embodied by both LSU School of Medicine House Staff Policy and Procedure Manual, and (Affiliating Entity) 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 (Affiliating Entity). LSU School of Medicine residents and fellows shall complete evaluations for (Affiliating Entity) 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 (Affiliating Entity) 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 (Affiliating Entity) and will be placed as an addendum to this Letter of Agreement.

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

\_\_\_\_\_  
Name and Title (Affiliating Entity), date  
Supervisor

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

\_\_\_\_\_  
Name and Title  
date