****

**PROGRAM LETTER OF AGREEMENT ADDENDUM BETWEEN THE DEPARTMENT OF VETERANS AFFAIRS AND THE SPONSORING INSTITUTION OF A HEALTH PROFESSIONS EDUCATION PROGRAM**

(For use when **VA RECEIVES** health professions trainees from a Program)

This is an addendum to the Program Letter of Agreement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Program Name) from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Sponsoring Institution) and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (VA Medical Facility Name). This document details additional program specific information about the activities of the health professions trainees (HPT) during their rotations at the VA.

1. **Allocations of VA FTE and Rotations**

The total number of VA FTE allocations for AY\_\_\_\_\_\_\_ for this program is \_\_\_\_. The distribution of FTEs across rotations at the VA will be:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Rotation** | **Type of Rotation****(full time or split)** | **PGY levels of HPTs on rotation** | **% Rotation Time Spent at VA** | **Total HPTs Rotating Per Month** | **FTE/month (# of HPTs on rotation X % VA time)** | **Overnight in-house call and weekend activity?** |
| *Example: ICU rotation* | *Full time* | *PGY 1-3* | *100%* | *7* | *7* | *Yes (Q4 for PGY2-3; Night float system) for PGY-1* |
| *Example: Podiatry consult rotation* | *Split-fixed* | *PGY 2 or 3* | *60%* | *3* | *1.8* | *None*  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | **Total**  |  |  |  |

1. **Didactic schedule**
	1. Recurring didactics

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| *example* | *Weekly Core Curriculum 12:00-1:00* |  | *Grand Rounds 1st Wednesday of each month 12:15-1:00* |  | *Combined didactics 1-4 pm weekly* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* 1. Intermittent didactics

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Didactic  | Date  | Duration of Didactic | Type of Conference |
| *Example: DOM Research Symposium* | *May 25th, 2023* | *Full day session* | *Required research symposium for all residents;*  |
|  |  |  |  |
|  |  |  |  |

1. **Leave**
	1. **Conferences in upcoming AY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Conference | Date of Conference | Type of Conference | Approximate Number of HPTs at VA expected to attend | Coverage provided to VA? |
| *Example: American College of Physicians Annual Meeting 2023* | *April 27th-29th, 2023* | *National Conference* |  | *No* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* 1. **Examinations in upcoming AY**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Examination | Date of Exam | Approximate number of HPTs at VA expected to take examination | Coverage provided to VA? |
| *In-service exam* | *March 2023* |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. **Coverage plan for unexpected absences**

Coverage will be provided on the following rotations if the HPT scheduled on the rotation has an unplanned absence (e.g. sick leave):

|  |
| --- |
|  |

1. **Supervising faculty (if not indicated in PLA)**

|  |
| --- |
| Name of Supervising Faculty (Individuals or Groups) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

1. **Other Program Details:**

**Sponsoring Institution Participating VA**

Program Director Signature Date Site Director Signature Date

 Designated Educational Officer Signature Date