

International Rotation Application Process Review Committee for Thoracic Surgery

Introduction

The Review Committee will consider applications for international rotations from programs with a status of Continued Accreditation. International rotations must be for a minimum of two weeks and a maximum of three months, and may count toward the six months of allowable elective rotations in the last two years of the educational program. Residents/fellows may have only one international rotation in the final two years of the educational program.

Application

To apply for an international rotation during thoracic surgery residency/fellowship or during the congenital cardiac surgery fellowship, a letter of request, signed by both the designated institutional official (DIO) and the program director, must be sent at least 90 days prior to the start of the rotation to both the Review Committee for Thoracic Surgery and the American Board of Thoracic Surgery (ABTS) at the following addresses:

Caleb Mitchell
Senior Accreditation Administrator
Review Committee for Thoracic Surgery
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Beth Winer
Chief Operating Officer
American Board of Thoracic Surgery
One North Wacker Drive, Suite 2402
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bwiner@abts.org

The program will receive separate approval letters from the Review Committee and the ABTS. Both approval letters must be received prior to implementation of the requested international rotation.

The following table outlines the requirements for these applications. When requesting Review Committee approval for a new international rotation, refer to Column A. When additional residents/fellows plan to rotate to the same approved rotation with no changes to the original request, a notification letter from the program director, co-signed by the DIO, with the information in Column B, should be sent to the Review Committee and the ABTS at the addresses above. Separate acknowledgment letters will be sent to the program.

A Request for a New International Rotation	B Request for Additional Candidates	
X	X	Letter of request signed by the DIO and program director
X	X	Name and PGY level of the resident/fellow for whom the rotation is requested
X	X	Statement affirming the resident/fellow is in good standing
X	X	Name and location of the international site
X	X	Dates of the rotation
X		List of supervising faculty member(s) and their CVs
X		Educational rationale for the request that describes the educational experience the international rotation provides that the primary/participating site(s) do not
X		Copy of the fully executed program letter of agreement
X		Statement of environment, including work hours, safety, transportation, and language
X		Verification that salary, license, and insurance will be provided to the resident/fellow
X		Statement that the rotation will include peri-operative care
X	X	Evidence that the program has requested the rotation with the ABTS
	X	Statement that the framework for the international rotation has not changed since the original approval; major changes may require a re-submission