

## **International Rotation Application Process Vascular Surgery (Independent) Review Committee for Surgery**

When applying for an international rotation, a letter of request signed by both the designated institutional official (DIO) and the program director must be sent to both the Review Committee for Surgery and the American Board of Surgery (ABS) at the following addresses:

Caleb Mitchell  
Senior Accreditation Administrator, Review Committee for Surgery  
[cmitchell@acgme.org](mailto:cmitchell@acgme.org)

Barbara Jalbert-Gerkens  
Examination Manager, American Board of Surgery  
[bjgerkens@absurgery.org](mailto:bjgerkens@absurgery.org)

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

When requesting Review Committee approval for an international rotation for the first time, the information in Column A below must accompany the letter of request. When additional fellows plan to rotate to the same site and there have been no changes since initial approval, a notification letter from the program director, co-signed by the DIO, with the information marked in Column B below, must be submitted to the Review Committee. An acknowledgment letter will be sent to the program when the request is processed.

US territories are not considered international sites and do not need approval; rotations to sites in US territories are considered elective rotations.

Direct questions to Review Committee staff members (contact information is listed on the [Surgery section](#) of the ACGME website).

A	B	
Request for a new international rotation	Request for additional candidates (same international site and supervising faculty members)	
X	X	The name and location of the international site.
X	X	Documentation that the fellow for whom the rotation is requested has the appropriate license to practice in the country of rotation (or equivalent approvals, which could be from the hospital where the fellow will be rotating).
X	X	The name and PGY of the fellow for whom the rotation is requested.
X	X	The dates of the rotation (must be at least two weeks in length, exclusive of travel time).
X	X	Verification that salary, travel expenses, health insurance, and evacuation insurance are provided by the Sponsoring Institution. If alternate funding is to be used (other than Sponsoring Institution), specifics must be outlined as to the source and confirmation of funding.
X	X	Verification of the program's accreditation status and graduate performance on the board certification examination. The program must have an accreditation status of Continued Accreditation or Continued Accreditation with Warning and have graduated at least two classes of fellows (programs with a status of Continued Accreditation without Outcomes are not eligible to apply). Board pass rates for the prior two years should meet or exceed program requirements 5.6.-5.6.d.
X		A description of the clinical experience, including: <ul style="list-style-type: none"> <li>• Type of center (governmental, non-governmental, private, etc.)</li> <li>• Scope of practice of host center</li> <li>• A statement of the center's operative volume and type</li> <li>• Verification that an outpatient experience will be provided</li> <li>• Verification that the fellow will enter operative experiences in the ACGME Case Log System</li> </ul>
X		A statement addressing physical environmental issues, including housing, transportation, communication, safety, and language. This should include any current or recent government-issued travel advisories regarding the location of the rotation, as well as any special travel documentation needed for entry and exit of country.
X		A description of educational resources, including access to a library with reasonably current resources and/or reliable access to web-based educational materials.
X		Rationale describing the unique educational experience this international rotation provides that is not available at the primary or participating sites.
X		A copy of the competency-based goals/objectives for the rotation.
X		Verification that there will be an evaluation of fellow performance based on stated goals and objectives.
X		Verification that the rotation is an elective.

X		A list of American Board of Medical Specialties (ABMS)-certified faculty member(s) or CV(s) of non-ABMS-certified faculty member(s) who will supervise the fellow on the rotation. The Review Committee will determine if the qualifications of the non-ABMS-certified faculty member(s) are acceptable.
X		A copy of the fully executed program letter of agreement.
	X	An informational letter with name(s) of additional fellow(s) who plan to take advantage of the approved rotation and a statement that the rotation has not changed since the original application.