

## **International Rotation Application Process Vascular Surgery Integrated Programs Review Committee for Surgery**

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

Chris Fox, PhD  
Executive Director, Review Committee for Surgery  
[cfox@acgme.org](mailto:cfox@acgme.org)

Jo Buyske, MD  
American Board of Surgery  
1617 John F. Kennedy Boulevard, Suite 860  
Philadelphia, Pennsylvania 19103

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.

Column A in the table that follows outlines what must be submitted to the Review Committee, in addition to the letter of request, when seeking approval for an international rotation for the first time. When additional residents request to rotate to a previously approved international location, and if there are no changes since the prior approval, a notification letter from the program director, co-signed by the DIO, with the information in Column B on the table that follows, 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 this pre-approval; rotations to sites in US territories are considered elective rotations.

Email questions to Review Committee staff members, contact information for whom can be found on the [Surgery section of the ACGME website](#).

**International Rotation Application Process**  
**Vascular Surgery Integrated Programs**

<b>A</b>	<b>B</b>	
Request for a New International Rotation	Requests for Additional Candidates (Same International Site and Supervising Faculty Members)	
X	X	Name and location of international site
X	X	Documentation that the resident for whom rotation is requested has appropriate license or equivalent approvals (which could be from the Hospital they will be rotating at)
X	X	Name and PGY of resident for whom rotation is requested; international rotations cannot occur during PGY-1. PGY-5 residents may do international rotations in non-chief rotations
X	X	Dates of rotation (Review Committee requires a minimum of two-week rotation; ABS requires at least four weeks and a maximum of 12 weeks for credit)
X	X	Verification that salary, travel expenses, health insurance, and evacuation insurance are provided by the Sponsoring Institution  <b>If alternate funding to be used (other than Sponsoring Institution), specifics must be detailed as to source and confirmation of funding</b>
X	X	List of ABMS-certified faculty member(s) [or faculty member(s) with qualifications deemed acceptable in advance by Review Committee], OR an international physician who will partner with an ABMS Vascular Surgeon who will supervise the resident on the rotation
X	X	Verification of the program's accreditation status (Programs must have a status of Continued Accreditation or Continued Accreditation without Outcomes)
X		A description of the clinical experience: <ul style="list-style-type: none"> <li>• Type of center (governmental, non-governmental, private, etc.)</li> <li>• Brief statement of the scope of practice of the host center</li> <li>• Description of the fellow experience, including a statement ensuring that the fellow will gain exposure to surgical care of cancer patients. The fellow can provide multidisciplinary care of cancer patients when feasible</li> <li>• Description of how outpatient experience will be provided</li> <li>• Verification that resident will enter operative experiences into the ACGME Case Log System for credit</li> </ul>

X		A statement addressing the physical environmental issues, including housing, transportation, communication, safety, and language. This should include any current or recent travel advisories issued by the government regarding the location of the educational site, as well as any special travel documentation needed for entry and exit of the 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		Rational describing the educational experience the international rotation provides that the primary/participating sites do not.
X		A statement of competency-based goals and objectives of the rotation
X		Verification that there will be an evaluation of resident(s) performance based on the stated goals and objectives and by whom
X		Verification that the rotation is an elective
X		A copy of the fully executed Program Letter of Agreement
	X	Informational letter with the name(s) of additional resident(s) who plan to take advantage of this opportunity, and a statement that the framework for the international rotation has not changed since the original application