

## Application for Exemption for Away Rotation 2020-2021 Academic Year

Due to the COVID-19 pandemic, the Coalition for Physician Accountability (Coalition), a cross-organizational group composed of AACOM, AAMC, ACCME, ACGME, AMA, AOGME, AOA, CMSS (OPDA), ECFMG, FSMB, LCME, NBME, and NBOME, recommends that for the 2020-2021 academic year, away rotations be discouraged except for specific circumstances.

SUNY Upstate College of Medicine is following the coalition's recommendations and will only permit an away rotation if a student is granted a specific exemption for one of the following circumstances:

1. Students who have a specialty interest and do not have access to a clinical experience with a residency program in that specialty at Upstate
2. Students who have been advised by an Upstate department chair, residency program director, or specialty advisor that this away rotation is critical for their chances for matching. *Department chairs and residency program directors can be found on departmental webpages. Specialty advisors can be found at: [https://www.upstate.edu/currentstudents/document/specialty\\_advising\\_q\\_a.pdf](https://www.upstate.edu/currentstudents/document/specialty_advising_q_a.pdf)*

To request an exemption, student must complete this form and submit it to UME office ([AndersSu@upstate.edu](mailto:AndersSu@upstate.edu)). If approved, registrar's office will be notified that student may apply for the away elective.

Student Name & ID _____	Graduation Year _____
Elective Name _____	
Elective Institution & Location _____	
Dates of Elective _____	

Complete one of the two boxes below, corresponding to circumstance prompting request for exemption.

<input type="checkbox"/> <b>Upstate doesn't have residency in desired specialty</b> Specialty _____
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<input type="checkbox"/> <b>Rotation critical for matching</b> Name of Upstate faculty recommending away elective _____ Faculty email address _____ Reason you were advised by faculty to apply for exemption: _____ _____ _____
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Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*For office use only\*\*\*\*\*

Approved by \_\_\_\_\_ Date \_\_\_\_\_