

Splitting a Rotation in RMS

Initiating a Split

Individual Initiating the Request: _____

Program and/or Department _____

Date: _____ Telephone Number: _____

Rotation Name (as it appears in RMS): _____

Hospital Currently Assigned 100% of IME Reimbursement: _____

Proposed Split: _____% for Hospital _____; and _____% for Hospital _____

Reason for Split: _____

Signature of Initiator: _____

Print Name of Approving DME _____

Hospital: _____ Date _____

Signature Indicating Approval by DME: _____

After completing the above, please forward this form to the Director of Medical Education at the second institution involved in this split.

Approval of a Split

DME Approval/Print Name of DME _____

Hospital: _____ Date _____

Signature Indicating Approval by DME: _____

Comments (or explanation of non-approval): _____

After completing Part II, please return this form to the initiator listed above. The initiator should then keep a copy for their files and send the original via campus or US Mail to DAGMEC, 32 N. Main Street, Suite 1441, Dayton, OH 45402. FAX: 228-1035. Each institution's DME is responsible for informing the appropriate individuals at their institution of this change.

RMS Updated: Date _____ By _____