

THE UNIVERSITY of TENNESSEE 

---

HEALTH SCIENCE CENTER™

COLLEGE of MEDICINE

**Clinical Cardiac Electrophysiology  
Program Handbook  
2023-2024**

**Table of Contents**

**Section 1. Program Information**.....4

    General Information and Mission Statement.....4

    Department Chair, Program Director, and Associate Program Directors.....5

    Office Contact.....5

    Core Faculty.....6

    2023-2024 Fellow Contact Information.....6

    Fellow Block Schedule 2023-2024.....7

**Section 2. Site Information**.....8

    Site 1 Methodist University Hospital.....8

**Section 3. Educational Activities**.....9

    Didactic Lectures, Conference Schedule, Program Meetings.....9

    Required Reading.....10

    Research and Scholarly Activity.....10

**Section 4. Examinations**.....10

    Documenting Exam Results/USMLE.....10

    In-service Training Exam.....10

    Board Examination.....10

**Section 5. Policies and Procedures**.....11

    Program-Specific Policies and Procedures.....12

        Wellbeing.....12

        Leave.....12

        Family Medical Leave (FML).....12

        Six-Week Paid (Medical, Parental, and Caregiver Leave).....13

        Bereavement.....15

        Moonlighting Procedure.....15

        Discrimination, Intimidation, Fear of Retaliation, Professionalism and Due Process Policy.....15

        Discrimination, Harassment, and Abuse Policy.....16

        Fellow Eligibility and Selection Policy.....17

Fellow Supervision Policy.....	18
Transitions of Care Policy.....	19
Process by which faculty receive fellow feedback.....	20
Method for reporting improper behavior in a confidential manner.....	20
Assessment Instruments and Methods.....	20
<b>Section 6. Fellow Benefits.....</b>	<b>23</b>
Salary.....	23
Health Insurance.....	23
Liability / Malpractice Insurance.....	24
Stipends.....	24
Travel.....	24
<b>Section 7. Curriculum.....</b>	<b>26</b>
ACGME Competencies.....	26
Milestones.....	26
Rotation Goals and Objectives.....	26
Fellow Supervision and Graduated Level of Responsibility Chart.....	27
<b>Section 8. Resource Links.....</b>	<b>28</b>
<b>Section 9. Appendix.....</b>	<b>29</b>
GME Information and Dates.....	29
Moonlight Approval Form.....	30
Agreement for Handbook of <b>Clinical Cardiac Electrophysiology Fellowship</b> Program.....	30

## **Section 1. Program Information**

### **I. General Information and Mission Statement**

#### **Mission Statement:**

The Clinical Cardiac Electrophysiology (CCEP) Fellowship program's mission is to advance the medical education of its fellows and to develop and instill in them a thirst for research and clinical service. These trained physicians will advance the health care of Tennesseans and society.

#### **Program Aims:**

The aim of the Clinical Cardiac Electrophysiology Fellowship program is to train competent physicians that have acquired the skills needed to provide outstanding medical care to the people of Tennessee and society.

II. Department Chair, Program Director and Associate Program Directors

**G. Nicholas Verne, MD**

Department Chair

Phone: 901.448.5752

Email: gverne@uthsc.edu

**Sunil K. Jha, MD**

Program Director

Phone: 901.734.1325

Email: sjha1@uthsc.edu

**Yehoshua C. Levine, MD**

Associate Program Director

Phone: 901.478.0650

Email: ylevine@uthsc.edu

III. Office Contact

**Brenda L. Coleman, C-TAGME, CAP**

Program Manager -

University of Tennessee Health Science Center (UTHSC)

Address: 920 Madison Avenue, Suite 531

Phone: 901.448.5759

Fax: 901.448.7836

Email: bcolema4@uthsc.edu

#### **IV. Core Faculty (alpha order)**

**Yehoshua C. Levine, MD**

Medicine-Cardiology

Methodist University Hospital

Phone: 901.478.0650

Email: ylevine@uthsc.edu

#### **V. 2023-2024 Fellow Contact Information**

**PGY7**

**Oreoluwa Oladiran, MD**

Phone: 717.408.8827

Email: ooladira@uthsc.edu

**University of Tennessee  
Clinical Cardiac Electrophysiology Fellowship Program  
Block Diagram**

Year-1

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	MUH	MUH	MUH	MUH	MUH	MUH	MUH	MUH	MUH	MUH	MUH	MUH
Rotation Name	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab
% Outpatient	10	10	10	10	10	10	10	10	10	10	10	10
% Research	10	10	10	10	10	10	10	10	10	10	10	10

Year-2

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	MUH	MUH	MUH	MUH	MUH	MUH	MUH	MUH	MUH	MUH	MUH	MUH
Rotation Name	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab	Ep Lab
% Outpatient	10	10	10	10	10	10	10	10	10	10	10	10
% Research	10	10	10	10	10	10	10	10	10	10	10	10

- MUH = Methodist University Hospital

The Clinical Cardiac Electrophysiology Fellow will participate in EP consults, patient rounding and the overall management of the patients on the EP service.

## Section 2. Site Information

### 1. Site – Methodist University Hospital

Site Director: Yehoshua Levine, MD

Address: 1265 Union Avenue, Ste. 965, Memphis, TN 38104

Phone: 901.516.7000

Fax: 901.448.7836

Email: [ylevine@uthsc.edu](mailto:ylevine@uthsc.edu)



### Section 3. Educational Activities

#### I. Didactic Lectures

<b>Day/Time</b>	Thursday, 5:00-6:00 pm
<b>Location</b>	Virtually via Zoom
<b>Description</b>	Conferences are designed to provide formal didactic information including M&M and journal club in the various areas of the fellow's training. Conference attendance is mandatory except in circumstances where emergent patient care is required or if the fellow is on vacation. Presentation slides are made available online for fellow to access through New Innovations. Provision of nonemergency patient care is not a valid reason to miss conference. Extenuating circumstances that may require absence from conference must be discussed with the Program Director. Conference attendance is logged and tracked in New Innovations.
<b>Attendance %</b>	75% by fellow

Electrophysiology Grand Rounds	
<b>Day/Time</b>	3 <sup>rd</sup> Tuesday of each month 5:00-6:00 pm
<b>Location</b>	Virtually via Zoom
<b>Description</b>	Invited Electrophysiologist from across the country will be invited to present their research. These type conferences allow both the fellow and faculty to be exposed to the advancements of electrophysiology through the eyes of others.
<b>Attendance %</b>	75%

Electrophysiology-Cardiology Conference	
<b>Day/Time</b>	4 <sup>th</sup> Friday of each month 7:00-8:00 am
<b>Location</b>	Virtually & 1 Thomas Auditorium at MUH
<b>Description</b>	Weekly discussions of cases and recent literature presented by EP fellow and faculty to the cardiology fellows
<b>Attendance %</b>	

#### Conference Schedule

Weekly Cardiology Conference Schedule is distributed electronically and placed on Website.

#### Program Meetings

Semi-annual fellow evaluations are held in December and June.

Clinical Competence Committee meetings are held in December and June  
(prior to the fellow evaluations)

Program Evaluation Meeting is held in April or May, prior to graduation

Divisional meetings are held at the discretion of the Chair of Medicine.

## II. Required Reading

Josephson's Clinical Cardiac Electrophysiology fifth edition by Mark E. Josephson, MD  
EP SAP

Journals:

JACC-EP

Heart Rhythm.

Journal of Cardiovascular Electrophysiology

### Research and Scholarly Activity

The Electrophysiology fellow will have a faculty mentor that will assist him/her in finding a topic of interest to research. It is the expectation that during the fellowship, abstracts will be submitted to various journals and societies and that an abstract presentation or oral presentation will result from the work that is done.

## Section 4. Examinations

### I. Documenting Exam Results

Documentation of exam results should be forwarded to the Program Manager as soon as received for inclusion in Fellow personnel file. Photocopies of the original documentation or PDFs are both acceptable.

USMLE 1, 2 and 3 or COMLEX 1, 2 and 3 – Prior to the start of their Fellowship, all fellows are expected to have taken and passed Step 1, 2 and 3 or COMLEX Level 1, 2 and 3. For more information on UTHSC USMLE requirements, please visit the GME website: <https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/mle-requirements.pdf>

### II. In-Service Training Exam

The Heart Rhythm Society developed a CCEP21) yearly in-service exam in 2021. This is an on-line exam given annually in May. It is designed to be an assessment tool. There is both a first year and second year exam. The program will pay the registration fee for the exam.

### III. Board Examination

The board Examination for Clinical Cardiac Electrophysiology is administered by the American Board of internal Medicine. This exam is administered in October. Complete details can be found using:

<https://www.abim.org/certification/exam-information/clinical-cardiac-electrophysiology>

## Section 5. Policies and Procedures

All UTHSC Programs follow the UTHSC/GME institutional policies. For more information, please visit the GME website: <https://www.uthsc.edu/GME/documents/policies>

<a href="#">Academic Appeal Process</a>	<a href="#">New Innovations Protocols</a>
<a href="#">Academic Performance Improvement Policy</a>	<a href="#">Observership</a>
<a href="#">Accommodation for Disabilities</a>	<a href="#">Offsite Rotation Approval - In Tennessee</a>
<a href="#">ACLS</a>	<a href="#">Offsite Rotation Approval - Out of State</a>
<a href="#">Affirmative Action</a>	<a href="#">Offsite Rotation Approval - International</a>
<a href="#">Agreement of Appointment</a>	<a href="#">Outside Match Appointments</a>
<a href="#">Aid for Impaired Residents</a>	<a href="#">Pre-Employment Drug Testing</a>
<a href="#">Background Checks</a>	<a href="#">Program Closure/Reduction</a>
<a href="#">Certificate</a>	<a href="#">Program Director Protected Time Policy</a>
<a href="#">Clinical and Educational Work Hours</a>	<a href="#">Program and Faculty Evaluation</a>
<a href="#">Code of Conduct</a>	<a href="#">Program Goals and Objectives</a>
<a href="#">Disciplinary and Adverse Actions</a>	<a href="#">Resident Evaluation Policy</a>
<a href="#">Drug and Alcohol Use</a>	<a href="#">Resident Non-Compete</a>
<a href="#">Drug Free Campus and Workplace</a>	<a href="#">Resident Reappointment and Promotion</a>
<a href="#">Fatigue Mitigation</a>	<a href="#">Resident Selection Guidelines</a>
<a href="#">Fit for Practice</a>	<a href="#">Resident Supervision</a>
<a href="#">Fit Testing</a>	<a href="#">Resident Transfers</a>
<a href="#">Grievances</a>	<a href="#">Resident Wellbeing</a>
<a href="#">Handoffs and Transitions of Care</a>	<a href="#">Salary</a>
<a href="#">Hospital Procedures for Handling</a>	<a href="#">Sexual Harassment and Other Forms of Discrimination</a>
<a href="#">Resident Disciplinary Issues</a>	<a href="#">Social Media</a>
<a href="#">Infection Control</a>	<a href="#">Stipend Level</a>
<a href="#">Infection Control - Tuberculosis</a>	<a href="#">Student Mistreatment</a>
<a href="#">Insurance Benefits</a>	<a href="#">Substantial Disruption in Patient Care or Education</a>
<a href="#">Internal Rotation Agreement for ACGME Programs</a>	<a href="#">Support Services</a>
<a href="#">Leave</a>	<a href="#">Technical Standards</a>
<a href="#">Licensure Exemption and Prescribing Information</a>	<a href="#">UT Travel</a>
<a href="#">Malpractice Coverage</a>	<a href="#">Vendor/Industry Conflict of Interest</a>
<a href="#">Medical Licensing Examination Requirements</a>	<a href="#">Visas</a>
<a href="#">Moonlighting</a>	<a href="#">Visiting Resident Approval</a>
<a href="#">Workers' Compensation Claims Process: Supervisor</a>	

- Supervisor may call in First Notice of Loss (FNOL) within 3 days when resident is receiving medical treatment.
- Contact the CorVel nurse triage line: 1-866-245-8588 (option #1 – nurse triage (resident) or option #2 – report claim (supervisor))
- A departmental fine of \$500 will be charged each time a claim report is not completed by a supervisor.
- After calling triage nurse, employee should complete and sign the following forms and return to the UTHSC Employee Relations Workers Compensation representative at 910 Madison Ste. 764 on the day of the incident or as soon as possible.
  - [WC Procedures Report – \\*Required](#)
  - [WC Injured Worker Statement – \\*Required](#)
  - [WC Supervisor Statement – \\*Required](#)
  - [WC Lost Time/RTW Calendar](#)
  - [WC Payroll Options Form](#)
  - [WC Transitional Duty Plan \(TDP\)](#)

Complete the TDP form only when the injured worker is given work restrictions from a treating physician.

## Program-Specific Policies and Procedures:

### I. Wellbeing

The fellow must be unimpaired and fit for duty to engage in patient care. If the fellow is unable to engage in his or her duties due to fatigue or impairment, he or she must transition his/her duties to other health care providers. It is the responsibility of peers, supervising attendings and faculty to monitor the fellow for fatigue and ensure that necessary relief or mitigation actions are taken when necessary. The program provides the fellow with facilities for rest/sleep and access to safe transportation home. When the fellow is too fatigued to continue his or her duties, relief by back-up call systems with transition of duties to other providers is available. All new fellows are required to complete the on-line training module, SAFER (Sleep Alertness and Fatigue Education in Residency/Fellowship) video in New Innovations. This education module addresses the hazards of fatigue and ways to recognize and manage sleep deprivation.

### II. Leave

The UTHSC Clinical Cardiac Electrophysiology Fellowship Program follows the UTHSC institutional policy on Fellow leave. For more information on the UT Fellow Leave Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/leave.pdf>

### III. Family Medical Leave

All UTHSC programs follow the following UTHSC/GME policies for Parental and Bereavement.

Residents who have been employed for at least twelve months and have worked at least 1,250 hours during the previous twelve-month period are eligible for qualified family and medical leave (“FML”) under provisions of the federal Family Medical Leave Act (“FMLA”). FMLA provides eligible employees up to twelve (12) weeks of protected unpaid leave for the birth or adoption of a child or a serious health

condition affecting the employee or his or her spouse, child, or parent. Except as set forth in Section IV, below, Residents may use all available sick and annual leave days to be paid during FML leave.

UTHSC Human Resources (“HR”) office has administrative oversight for the FML program. The Program Manager or Program Director should notify HR when a resident may qualify for FML leave. HR will coordinate with GME and the Program Manager or Program Director to approve or disapprove a resident’s request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: <http://uthsc.edu/GME/pdf/fmlarights.pdf>. Health and disability insurance benefits for residents and their eligible dependents during any approved FML shall continue on the same terms and conditions as if the resident was not on leave. After all available paid sick, annual and other paid leave under Section IV has been taken, unpaid leave may be approved under FML and Tennessee law provisions, addressed below.

A. Tennessee State Law ~ 4-21-408. Under Tennessee law, a regular full-time employee who has been employed by the university for at least twelve (12) consecutive months is eligible for up to a maximum of four (4) months leave (paid or unpaid) for adoption, pregnancy, childbirth, and nursing an infant. After all available paid sick and annual leave has been taken, unpaid leave may be approved under FML and Tennessee law provisions. The state benefit and FML benefit run concurrently with paid leave or any leave without pay.

The Program Director and resident should verify whether the length of leave will require extending training to meet program or board eligibility criteria. UTHSC Human Resources office has administrative oversight for the FML program. The Program Manager or Director should notify HR when it appears a resident may qualify for FML leave. HR will coordinate with GME and the Program Manager or Director to approve or disapprove a resident’s request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: <http://uthsc.edu/GME/pdf/fmlarights.pdf>.

#### **IV. Six Week Paid Medical, Parental (Maternity/Paternity), and Caregiver Leave**

Each resident will be provided six (6) weeks (42 calendar days) of paid, approved medical, parental, and caregiver leaves of absence for qualifying reasons that are consistent with applicable laws, at least once and at any time during the resident’s Program, starting on the day the resident is required to report, the first day of payroll for the resident (frequently July 1 of the academic year). A resident, on the resident’s first approved six (6) weeks of medical, parental, or caregiver leave of absence shall be provided the equivalent of one hundred percent (100%) of his or her salary.

Health and disability insurance benefits for residents and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence shall continue on the same terms and conditions as if the resident was not on leave.

**A. Parental Leave.** Paid parental leave is available to a resident for the birth or adoption of a child. Each resident, in an ACGME or non-standard Program, is eligible for six (6) weeks (42 calendar days) of paid parental leave one time during the Program. A resident’s six (6) weeks of paid parental leave is available in addition to annual and sick leave and should be used prior to any remaining annual and sick leave. Paid medical and caregiver leave, below, is part of the same six-week benefit and not in addition to paid six-week parental leave.

The paid parental leave benefit will renew for a second period of eligibility if a resident continues to another Program; but parental leave does not accumulate (for example, for a total of 12 weeks of paid parental leave) if unused by a resident during a Program. In the event a resident uses the total of the six (6) week paid parental leave benefit and has or adopts another child while training in the same Program, only the remaining annual and sick leave are available to the resident as paid time off. All FMLA and other protected unpaid time may still be available to the resident for leave.

Parental leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. In the event both parents are residents, the residents may each use their leave concurrently, overlapping, or consecutively. If desired, this leave may be deferred to a later birth or adoption. Any remaining annual and sick leave may be added after this six-week benefit. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.

**B. Resident Medical.** Resident medical leave is available to a resident for a serious health condition that makes the resident unable to perform his or her job. This additional six (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program but the paid time off for medical or caregiver leave does not accumulate if unused. Resident Medical leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.

**C. Caregiver Leave.** Caregiver leave is available for any resident that needs to take time off for the care of a parent, spouse, or child. This additional six (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program but the paid time off for medical or caregiver leave does not accumulate if unused. Caregiver leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.

## **V. Bereavement Leave**

Bereavement Leave residents may take up to three (3) days of paid leave due to the death of an immediate family member. Immediate family shall include spouse, child or stepchild, parent or stepparent, grandparent, grandchild, parent-in-law, foster parent, brother, sister, brother-in-law, sister-in-law, daughter-in-law, or son-in-law of the trainee. With approval of the Program Director, additional time for bereavement may be taken using annual leave or leave without pay.

## **VI. Moonlighting Procedure**

Clinical Cardiac Electrophysiology fellows are permitted to moonlight with the approval of the program director and complete adherence to all UTHSC policies. A signed moonlighting approval form must be on file in the program office and available for review.

## **VII.**

The UTHSC Clinical Cardiac Electrophysiology Fellowship Program follows the UTHSC institutional policy on Moonlighting. For more information on the UT Moonlighting Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/moonlighting201.pdf>

UT/GME Policy #320 - Residents on J-1 or J-2 visas cannot participate in moonlighting activities. Residents on H-1B visas cannot moonlight under their University of Tennessee sponsorship. Each resident is responsible for maintaining the appropriate state medical license where moonlighting occurs (see GME Policy #245 – Licensure Exemption) and separate malpractice insurance. The Tennessee Claims Commission Act does not cover residents who are moonlighting.

## **VIII. Discrimination, Intimidation, Fear of Retaliation, Professionalism and Due Process Policy**

The Clinical Cardiac Electrophysiology fellowship does not tolerate discrimination for any cause. We demand equal excellence regardless of biologic or cultural differences between fellows. Any such discrimination by other fellows or faculty will be reported to the Program Director for correction. Cultural or religious issues that require adjustment to a fellow's schedule will be accommodated whenever possible while respecting the rest of the fellows' needs and maintaining established educational goals. Recruitment of new fellows will be strictly nondiscriminatory as well.

We are committed to a culture to remove the fear of retaliation. Public berating of fellows or emotional outbursts directed at fellows will not be allowed and should be reported to the Program Director for correction. Such reporting can be in person or anonymously through the chief fellow with adequate detail for the Program Director to correct inappropriate behavior. Disagreements with the fellowship program itself can be voiced directly to the Program Director without fear of retaliation or anonymously through the senior fellow. The senior fellow will hold regular meetings with the other fellows without faculty present to evaluate system problems.

Professionalism at the fellow level is more likely caught than taught. Our faculty will be held to a high standard of professionalism with corrective educational opportunities provided for faculty who are unprofessional. Faculty development will include education in professionalism. Primary teaching of professionalism to fellows will be provided at the bedside of patients and in the research arena by individual faculty members. A formal mentoring system between each fellow and a faculty member will also be established where a primary goal will be the impartation of professionalism.

## **IX. Discrimination, Harassment, and Abuse Policy**

The University of Tennessee Health Science Center and the Clinical Cardiac Electrophysiology Fellowship program are committed to fostering an environment that prevents discrimination, abuse or harassment of residents. In accordance with University of Tennessee Health Science Center Personnel Procedure #280 and University of Tennessee System Policy HR0280, Sexual Harassment, the Cardiovascular Disease Fellowship program is committed to providing a harassment free environment for residents. Sexual harassment will not be tolerated and will be grounds for disciplinary action.

The fellowship is committed to fostering an environment that prevents sexual harassment of fellows, residents, and students. The program has a commitment to professionalism, fostered by an atmosphere of mutual trust and respect. These commitments are threatened when persons in the program, including individuals in positions of authority abuse the trust placed in them.

The program follows the Equal Employment Opportunity Commission's guideline definition of sexual harassment as its guideline for defining sexual harassment. This guideline defines sexual harassment as unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or status in a program, (2) submission to or rejection of such conduct by an individual is used as a basis for academic or employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's academic performance or work environment. These definitions apply to fellows, as well as to employees who may have a complaint of sexual harassment.

In order for behavior to be considered sexual harassment, the behavior must be unwelcomed and of a sexual nature. Examples include:

- Verbal harassment or abuse of a sexual nature
- Subtle pressure for sexual activity
- Commenting on a person's body, dress, appearance, gender, sexual relationships, activities, or experience
- Unwanted touching, patting or pinching
- Demanding sexual favors which may be accompanied by implied or overt threats concerning one's job, grades, letters of promotion, pay, recommendation, etc.
- Displaying sexually suggestive objects, pictures, videotapes, graffiti and/or visuals that are not germane to any business or academic purpose; in addition to displaying or transmitting sexually suggestive electronic content, including inappropriate emails



Who should I contact?

If you witness sexual harassment of others or believe you have been harassed, you should immediately notify the Program Director, Associate Program Director, Program Coordinator, a faculty member, or Chief Resident. As required by Title IX, all faculty and staff are mandatory reporters.

Additionally, the incident should be reported to the Office of Equity and Diversity:

Office of Equity and Diversity  
Michael Alston, EdD  
Assistant Vice Chancellor for Student Rights and Conduct & OED Director  
920 Madison Ave., Suite 825  
Memphis, TN 38163  
(901) 448-2112  
oed@uthsc.edu, or complete an OED incident form on-line

A prompt investigation will be conducted in an attempt to determine all of the facts concerning the alleged harassment. UT HR Policy 0280 prohibits retaliation against any employee or student who reports a claim of sexual harassment or against any employee or student who participates in the investigation of a complaint will not be tolerated by the University. For more information, review the UTHSC complaint procedure.

If it is determined that sexual harassment has occurred, corrective action will be taken. Depending upon the circumstances, this corrective action may include disciplinary action, up to dismissal from the program. A person bringing an intentionally false allegation of sexual harassment may be subject to disciplinary action, which could include dismissal from the program.

All residents and faculty members are required to complete the annual Sexual Harassment Avoidance Training compliance module.

## **X. Fellow Eligibility and Selection Policy**

The UTHSC Clinical Cardiac Electrophysiology Fellowship Program follows the UTHSC institutional policy on Fellow Selection. For more information on the UT Fellow Selection Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/FellowSelection.pdf>

### **Application Process and Interviews:**

- All applications will be processed through the Electronic Fellowship Application Service (ERAS) except in those programs in specialty matches or those fellowship programs which handle their own application process.
- Opportunities for interviews will be extended to applicants based on their qualifications as determined by USMLE scores, medical school performance, and letters of recommendation.

The UTHSC Clinical Cardiac Electrophysiology Fellowship Program engages in recruitment and retention practices of a diverse workforce (Black, Hispanic, Pacific Islander, Native American, Women) of Fellows

and faculty. The final decision is made by the Program Director in consultation with the Associate Program Directors and core faculty.

### **Program Eligibility and Selection Criteria**

Each applicant is required to submit the following:

- updated Curriculum Vitae
- personal statement
- copy of USMLE exam scores
- 3 letters of recommendation

## **XI. Fellow Supervision Policy**

### **Level of Supervision**

There are three levels of supervision to ensure oversight of fellow supervision and graded authority and responsibility:

Levels of Supervision – To promote appropriate supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

1. **Direct Supervision:** The supervising physician is physically present with the Fellow during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
2. **Indirect Supervision:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Fellow for guidance and is available to provide appropriate direct supervision.
3. **Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The UTHSC Clinical Cardiac Electrophysiology Fellowship Program follows the UTHSC institutional policy on Fellow Supervision. For more information on the UT Fellow Supervision Policy, please visit the GME website: [http://www.uthsc.edu/GME/policies/supervision\\_pla2011.pdf](http://www.uthsc.edu/GME/policies/supervision_pla2011.pdf)

### **Fellow and Faculty Policy Awareness**

Fellows and faculty members should inform each patient of their respective roles in that patient's care when providing direct patient care. of their respective roles in each patient's care.

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced fellow. Other portions of care provided by the fellow can be adequately supervised by the appropriate availability of the supervising faculty member or fellow, either on site or by means of telecommunication technology. Some activities

require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback.

The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. The program must define when physical presence of a supervising physician is required.

## **XII. Transitions of Care Policy**

The purpose of this policy is to define the process to transfer important patient information, responsibility, and authority from one provider to another.

### **Procedure:**

The following procedure applies to all physicians who are teachers or learners in a clinical environment and have responsibility for patient care in that environment.

1. Hand-off procedures will be in conjunction with (but not limited to) the following events:
  - Change of duty (i.e. shift change)
  - Changes in on duty/on call status
  - Transfer of patient from one care setting to another
  - Assignment to a different physician temporarily or longer
  - Discharge to another institution or facility
  
2. Hand-offs will be conducted in a consistent manner, with contents specific to the type of patient care being provided. Depending on the patient care setting, hand-offs, both verbal and written should include:
  - Patient's name, location, age
  - Patient diagnosis/problems, impression
  - Important prior medical history
  - Identified allergies.
  - Important current labs, vitals, cultures
  - Past and planned surgeries and procedures.
  - Specific protocols/resources/treatments in place
  - Plan for the next 24+ hours
  - Pending tests and studies which require follow-up.
  - Important items planned between now and discharge.
  - Other agreed-upon clinical information that is considered integral to the provision of safe and effective care.

Additionally, a secure patient list is kept within the electronic medical record (EMR) and is available to all faculty and fellows. This forms the basis for transitions of care. Since cardiac electrophysiology notes/consults are written within the EMR, this information is

electronically available on any Methodist health computer or remotely at the time of the transition of care.

**XIII. Process by which faculty receive fellow feedback**

Monthly Fellow evaluation of faculty are sent via New Innovations. These evaluations are reviewed by the Program Director and if any adverse or questionable evaluations are received the results are immediately discussed with faculty involved. The evaluations are given to the faculty semi-annually. The Chair of the department requests these evaluations to use in the faculty's annual evaluation.

**XIV. Method by which faculty performance is evaluated by Department Chair**

The New Innovation evaluations of the faculty by the fellows are pulled and given to the chair for his review and use during the performance of the annual faculty evaluation.

**XV. Method for reporting improper behavior in a confidential manner**

The fellows may go to the program director or coordinator at any time to report such behavior without fear of retaliation. The GME office and the program itself has an online complaint portal that is completely anonymous and can be used by the fellows if they are uncomfortable with going directly to the program director or coordinator.

**XVI. Assessment Instruments and Methods**

**Fellow Evaluation**

The program utilizes the following methods for Fellow evaluation:

1. Competency-based formative evaluation for each rotation, including competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
2. All Fellows are expected to be in compliance with University of Tennessee Health Science Center (UTHSC) policies which include but are not limited to the following: University of Tennessee personnel policies, University of Tennessee Code of Conduct, sexual harassment, moonlighting, infection control, completion of medical records, and federal health care program compliance policies.

## **Formative Evaluation**

1. Faculty must directly observe, evaluate, and frequently provide feedback on Fellow performance during each rotation or similar educational assignment. Each program is required to use the web-based evaluation system in New Innovations to distribute a global assessment evaluation form.
2. Evaluation must be documented at the completion of the assignment. For block rotations of greater than three months in duration, evaluation must be documented at least every three months. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
3. These evaluations should be reviewed for completeness by program leadership, with follow-up by the program director or coordinator to address inadequate documentation, e.g., below average performance ratings without descriptive comments or inconsistencies between written assessments and statistical data.
4. Completed electronic evaluations are reviewed by the Fellow. Any evaluations that are marginal or unsatisfactory should be discussed with the Fellow in a timely manner and signed by the evaluator and Fellow.
5. In addition to the global assessment evaluation by faculty, multiple methods and multiple evaluators will be used to provide an overall assessment of the Fellow's competence and professionalism. These methods may include narrative evaluations by faculty and non-faculty evaluators, clinical competency examinations, in-service examinations, oral examinations, medical record reviews, peer evaluations, self-assessments, and patient satisfaction surveys.
6. The program must provide assessment information to the QIC/CCC for its synthesis of progressive Fellow performance and improvement toward unsupervised practice.
7. Using input from peer review of these multiple evaluation tools by the QIC/CCC, the program director (or designee) will prepare a written summary evaluation of the Fellow at least semi-annually. The program director or faculty designee will meet with and review each Fellow their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones and strengths as well as plans for improvement. The program director (or designee) and Fellow are required to sign the written summary that will then be placed in the Fellow's confidential file. The Fellow will receive a copy of the signed evaluation summary and will have access to his or her performance evaluations.
8. If adequate progress is not being made, the Fellow should be advised, and an improvement plan developed to provide guidance for program continuation. The improvement plan must document the following:
  - Competency-based deficiencies.
  - The improvements that must be made.
  - The length of time the Fellow must correct the deficiencies; and
  - The consequences of not following the improvement plan.Improvement plans must be in writing and signed by both the program director and Fellow.
9. If unacceptable or marginal performance continues and the Fellow is not meeting program expectations, another review should take place in time to provide a written notice of intent to the Fellow at least 30 days prior to the end of the Fellow's current if he or she must extend training at the

current level or will not have their contract renewed. If the primary reason(s) for non-promotion or non-renewal occurs within the last 30 days of the contract period, the Fellowship program must give the Fellow as much written notice as circumstances reasonably allow.

**Summative Evaluation**

1. At least annually, the program director will provide a summative evaluation for each Fellow documenting his or her readiness to progress to the next year of the program, if applicable. This evaluation should assess current performance based on written evaluations, faculty observations and other documented performance measures that have been reviewed by the program’s QIC/CCC. The summative evaluation will be discussed with the Fellow and a copy signed by the program director and Fellow will be placed in the confidential Fellow file.

2. The program director will also provide a final evaluation upon completion of the program. This evaluation will become part of the Fellow’s permanent record maintained in the GME office and will be accessible for review by the Fellow. The end-of-program final evaluation must:

- Use the specialty-specific Milestones, and when applicable the specialty-specific case logs, to ensure Fellows are able to engage in autonomous practice upon completion of the program.
- Verify that the Fellow has demonstrated knowledge, skills, and behaviors necessary to enter autonomous practice.
- Consider recommendations from the CCC.

<b>Clinical Competency Committee (CCC)</b>	
Responsibilities: Appointed by the Program Director to review all fellow evaluations; determine each fellow’s program on achievement; of [Insert specialty name] Milestones; meet prior to fellow’s semi-annual evaluation meetings; and advise Program Director regarding fellow’s progress.	
<b>NOTE:</b> Files reviewed by the CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.	
Yehoshua C. Levine	CCC Chair & Core Faculty
Mark Heckle	Faculty
Sunil K. Jha	Program Director
Laura Nathan	MUH Echo Lab Coordinator

<b>Program Evaluation Committee (PEC)</b>	
Responsibilities: Appointed by the Program Director conduct and document the Annual Program Evaluation as part of the program’s continuous improvement process. The PEC also acts as an advisor to the program director, through program oversight; revies the program’s self-determined goals and progress toward meeting them; guides ongoing program improvement, including the development of new goals, based upon outcomes; and reviews the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program’s mission and aims.	
Sunil K. Jha	Program Director
Yehoshua C. Levine	Core Faculty
Mark Heckle	Faculty
Brenda Coleman	Program Manager
Ikechuwu Ifedili	Current Fellow

## **Section 6. Fellow Benefits**

### **I. Salary**

Residents/Fellows in all UTHSC Programs are student employees of the University of Tennessee. As a student employee of the University of Tennessee, you will be paid by the University on a monthly basis – the last working day of the month. Direct deposit is mandatory for all employees.

#### **2023-2024 RESIDENT AND FELLOW COMPENSATION RATES for ACGME-ACCREDITED PROGRAMS**

<b>PGY LEVEL</b>	<b>BASE ANNUAL</b>	<b>with Disability Life Benefits</b>
<b>PGY 1</b>	<b>\$58,860.00</b>	<b>\$59,520.00</b>
<b>PGY 2</b>	<b>\$61,056.00</b>	<b>\$ 61,716.00</b>
<b>PGY 3</b>	<b>\$ 63,024.00</b>	<b>\$ 63,684.00</b>
<b>PGY 4</b>	<b>\$ 65,640.00</b>	<b>\$ 66,300.00</b>
<b>PGY 5</b>	<b>\$ 68,328.00</b>	<b>\$ 68,988.00</b>
<b>PGY 6</b>	<b>\$ 70,692.00</b>	<b>\$ 71,352.00</b>
<b>PGY 7</b>	<b>\$ 73,284.00</b>	<b>\$ 73,944.00</b>

For information on the UT Salary and Insurance please visit the GME website:  
<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures>

### **II. Health Insurance**

For information on UTHSC fellow insurance benefits, please visit the GME website:  
<https://uthsc.edu/graduate-medical-education/policies-and-procedures/documents/insurance-benefits.pdf>

### III. Liability Insurance

As a State of Tennessee student/employee, your professional liability coverage is provided by the Tennessee Claims Commission Act. For more information on the UT Malpractice Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/claimscommission.pdf>

### IV. Stipends

\$500.00 is available each academic year to the fellow. This can be used for attending conferences and/or buying books and other medical educational tools. This \$500.00 is NOT accumulative – money cannot be carried over to the next year. This money cannot be transferred to another individual or used for other expenses. These funds are based on the annual GME allotment to the program and are increased or decreased accordingly.

The GME office provides a one-time \$2000 Research Travel stipend. This money must be used for presentations where the fellow is the first author.

### V. Travel

The UTHSC Cardiovascular Disease Fellowship Program follows the UTHSC institutional policy on Fellow Travel. For more information on the UT Fellow Travel Policy, please visit the University of Tennessee policy website: [http://policy.tennessee.edu/fiscal\\_policy/fi0705/](http://policy.tennessee.edu/fiscal_policy/fi0705/)

Travel Reimbursement Form:

<https://www.uthsc.edu/graduate-medical-education/administration/documents/Fellow-travel-request-form.pdf>

#### Important Guidelines:

- Travel requests should be discussed with and approved by the Program Director before making any arrangements.
- UT Travel Policy must be followed at all times – with no exceptions.
- A travel request form must be completed well in advance of traveling in order to have a travel authorization (trip number) assigned by the GME office.
- The UT Fellow Travel form must be completed for reimbursement.
- Conference travel will require prior approval from UT and the Program Director. Please see the GME travel policy for further information.

Obtaining coverage of assigned rotation is the responsibility of the fellow. Written documentation of this coverage must be signed by fellow attending the conference and the fellow agreeing to provide coverage and must be on file in the coordinator's office prior to the date(s) of the conference.

If travel is being used for educational purposes, it must be to a preapproved conference. Financial support will be given if available and a reimbursement cap, if applicable, will be made know to the fellow when the trip is in the discussion phase. Educational conferences attended without prior



authorization will count as annual days or may be taken as leave without pay. Financial support of nonapproved conferences will not be given.

Fellows should always be mindful of the allotted amount of time away from training that is given by the ABIM, the program's governing board, (30 days) and the impact of taking more than that could have on their eligibility to take the cardiovascular boards.

### **International Travel (Educational purposes only)**

To better prepare for emergencies and provide assistance to the members of the UTHSC community traveling abroad, UTHSC requires all UTHSC travelers on official UTHSC business to complete a Travel Information Registration form prior to departure. This registration will enable UTHSC to communicate with faculty, staff, students, postdocs, residents, and fellows in the event of an emergency. Registration will also allow travelers to receive medical and emergency assistance from International SOS, a medical and travel security service company.

#### **Who is Required to Register?**

- **Faculty/Staff:** All faculty and staff traveling abroad using UTHSC funds or on UTHSC business without University funds (example: a faculty member is invited to give a key-note address at a conference and his/her costs are fully paid by the conference).
- **Students/Postdocs/Residents/Fellows:** All students, postdocs, medical residents, and clinical fellows traveling abroad to participate in official UTHSC-sponsored programs (including research, for-credit electives, travel to conferences and non-credit educational activities sponsored by UTHSC).

All travelers to *U.S. territories* are also required to register. These territories include Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and Northern Mariana Islands. Travel to countries bordering the U.S., Canada, and Mexico, is international travel and requires compliance with this registration program.

Individuals traveling for solely personal reasons (vacation, medical mission trips, etc.) are not eligible for coverage through this program.

**UTHSC officially discourages** international travel, by faculty/staff/students when on official university business, to destinations that are subject to a U.S. Department of State Travel Warning and/or Centers for Disease Control and Prevention (CDC) Level 3 Warning.

#### **How to Register**

- Complete the online [Travel Information Registration](#) to provide information about your travel plans and contact information in the destination country(ies) for UTHSC administration use if emergencies arise either in the U.S. or in the country(ies) visited. This step will confirm that you can access referral services from International SOS.

## Section 7. Curriculum

### I. ACGME Competencies

The core curriculum of the UTHSC programs is based on the 6 ACGME Core Competencies:

- **Patient Care:** Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- **Medical Knowledge:** Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
- **Practice-Based Learning and Improvement:** Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- **Interpersonal and Communication Skills:** Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- **Professionalism:** Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- **Systems-Based Practice:** Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

### II. Milestones

The Milestones are designed only for use in evaluation of Fellow physicians in the context of their participation in ACGME accredited Fellowship programs. The Milestones provide a framework for the assessment of the development of the Fellow physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context. ACGME Milestones are located at: <https://www.acgme.org/specialties/internal-medicine/milestones/>

### III. Rotation Goals and Objectives

Rotation specific goals and objectives can be found by visiting New Innovations

[https://www.new-innov.com/curriculum/curriculum\\_host.aspx?Data=ILAI7Qy3xO1NEEWrIW7sjEWa4ThgDGBHeRP3pVEuw3xcl/c6P/gZtAESreplacedESESreplacedES](https://www.new-innov.com/curriculum/curriculum_host.aspx?Data=ILAI7Qy3xO1NEEWrIW7sjEWa4ThgDGBHeRP3pVEuw3xcl/c6P/gZtAESreplacedESESreplacedES)

**IV. Resident (Procedural) Supervision by Program (see chart below) can be found at:**  
<https://www.uthsc.edu/graduate-medical-education/current-residents/supervision-by-program.php>

		PGY7
Atrial Fibrillation		X
Atrial Flutter/Macro-re-entrant AT		X
AV Node Ablation		X
AVNRT		X
AVRT/AP		X
CIED Interrogation/Programming ICD's		X
CIED Interrogation/Programming Pacemakers		X
CIED Replacement/Revision		X
CRT Pacemaker or ICD		X
Diagnostic Electrophysiology Study		X
Focal Atrial Tachycardia		X
ICDs		X
Idiopathic VT/PVCs		X
Implantable Loop Recorder Implantation		X
Isthmus Dependent Atrial Flutter		X
Lead Device Extraction		X
Left Atrial Appendage occlude implantation		X
Nonisthmus Dependent Macro-re-entrant Artrial Arrhythmias		X
Pacemakers		X
Remote Device Interpretation		X
SVT (not a-fib or flutter)		X
Tilt Table Tests		X
Tranesophageal Echocardiogram		X
VT/PVC Ablation		X
VT/PVCx in patients with SHD		X
<b>All other procedures are performed under direct supervision of a faculty member.</b>		

## Section 8. Resource Links

Site	Link
New Innovations	<a href="https://www.new-innov.com/Login/">https://www.new-innov.com/Login/</a>
UTHSC GME	<a href="http://www.uthsc.edu/GME/">http://www.uthsc.edu/GME/</a>
UTHSC GME Policies	<a href="http://www.uthsc.edu/GME/policies.php">http://www.uthsc.edu/GME/policies.php</a>
UTHSC Library	<a href="http://library.uthsc.edu/">http://library.uthsc.edu/</a>
GME Wellness Resources	<a href="https://uthsc.edu/graduate-medical-education/wellness/index.php">https://uthsc.edu/graduate-medical-education/wellness/index.php</a>
ACGME Residents Resources	<a href="https://www.acgme.org/residents-and-Residents/Welcome">https://www.acgme.org/residents-and-Residents/Welcome</a>
GME Confidential Comment Form	<a href="https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQE">https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQE</a>
ACGME Program Specific Requirements	<a href="https://www.acgme.org/globalassets/pfassets/programrequirements/154_clinicalcardiacelectrophysiology_2021.pdf">https://www.acgme.org/globalassets/pfassets/programrequirements/154_clinicalcardiacelectrophysiology_2021.pdf</a>

## Section 9. Appendix

- I. GME Information and Dates
- II. Moonlight Approval Form
- III. Handbook Agreement

## GME Information and Dates

Graduate Medical Education  
920 Madison Avenue, Suite 447  
Memphis, TN 38163

Natascha Thompson, MD  
Associate Dean of Graduate Medical Education  
ACGME Designated Institutional Official

Phone: 901.448.5364  
Fax: 901.448.6182

## Fellow Orientation Schedule

New Fellow Orientation for 2023 will be held on the following dates:

<b>Date</b>	<b>Time</b>	<b>Title</b>
June 30, 2023	7:30 am - 5:00 pm	PGY-2 - 7 Orientation

**Fellow Request for Approval to Moonlight  
(External: non-UTHSC affiliated, non-rotation site)**

Name \_\_\_\_\_

PGY Level \_\_\_\_\_

Site of Activity or Service \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Estimated average number of hours per week \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Title \_\_\_\_\_

Supervisor's Phone Number \_\_\_\_\_ Supervisor's Email \_\_\_\_\_

- 
- The ACGME and UTHSC GME policies require program director pre-approval of all moonlighting activities. Any Fellow moonlighting without written pre-approval will be subject to disciplinary action.
  - Fellows on a J-1 visa are not allowed to moonlight.
  - All moonlighting counts towards the weekly 80-hour duty limit.
  - The Fellow is responsible for obtaining separate malpractice insurance. The Tennessee Claims Commission Act does not cover Fellows' external moonlighting activities.
  - Moonlighting activities must not interfere with the Fellow's training program. It is the responsibility of the trainee to ensure that moonlighting activities do not result in fatigue that might affect patient care or learning.
  - The program director will monitor trainee performance to ensure that moonlighting activities are not adversely affecting patient care, learning, or trainee fatigue. If the program director determines the Fellow's performance does not meet expectations, permission to moonlight will be withdrawn.
  - Each Fellow is responsible for maintaining the appropriate state medical license where moonlighting occurs.
- 

By signing below, I acknowledge that I have carefully read and fully understand the moonlighting policies of my program, UTHSC GME and ACGME. I will obtain prior approval from my program director if any information regarding my moonlighting activity changes, including hours, location, type of activity or supervisor.

**Signature of Fellow:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Program Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AGREEMENT for HANDBOOK OF Clinical Cardiac Electrophysiology**

- I. I have received the 2023-2024 Handbook for the UTHSC Clinical Cardiac Electrophysiology Fellowship Program.
  
- II. I have been informed of the following requirements for house staff:
  - 1. Requirements for each rotation and conference attendance
  - 2. Formal teaching responsibilities
  - 3. Reporting of duty hours and case logging
  - 4. Safety policies and procedures
  - 5. On call procedures
  - 6. Vacation requests
  
- III. I understand that it is my responsibility to be aware of and follow the policies/procedures as stated in the handbook.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\* Please submit this signature page to the Program Manager no later than June 15, 2023.**