

**INFORMATION NEEDED FOR REQUESTING
A MEMORANDUM OF UNDERSTANDING (MOU)**

1. The name of the GME program involved (e.g., Internal Medicine Residency)
2. The full name, medical degree and military rank, service, and corps of the applicable PD.
3. The applicable PD's mailing address, commercial telephone number, and email address.
4. The complete name of the institution with which an agreement is being requested.
5. The complete address, including zip code, of that institution.
6. The full name, academic/medical degree (if any), and military rank (if applicable) of the person at the institution with whom you have arranged this rotation (the point of contact).
7. The complete address, including zip code, of your point of contact at the institution.
8. The commercial telephone number (not DSN) of your point of contact at the institution.
9. The point of contact's email address (essential).
10. If the training will take the place of a currently established rotation
11. If the training requires any additional funding requirements including TDY expenses
12. A brief justification for the agreement or other pertinent remarks (e.g., benefit to program or trainee)

If the agreement requested is a one-time agreement (for one physician's individual training experience), then also please provide:

1. The resident's/fellow's complete name, medical degree, and military rank, service and corps.
2. The dates of the resident's/fellow's proposed training (e.g., 22 Nov – 19 Dec 2007).