# Residency Program Director Approval Form: 2024-2025 Residency Year

**Resident’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Residency Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Residency Program Director (RPD) Name & Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RPD Approved Months to Complete the Apexus Elective Rotation during the 2024-2025 PGY2 Year:**

July

August

September

October

November

January

February

March

April

May

June

**Responsibilities of the Rotation:**

The candidate’s residency program is responsible for allowing the resident to be excused from 4 weeks of rotation at their institution to complete the elective rotation. If the resident chooses to participate in the rotation in person, they will be responsible for associated travel and lodging arrangements. A virtual option may also be made available for part or all the rotation. Prior to the start of the rotation, the resident is required to have completed 340B University live and/or 340B University on Demand. The resident should review content available on the Apexus website (Apexus.com), the 340 PVP website (340BPVP.com) and the HRSA/OPS web site ([https://www.hrsa.gov/opa/](https://webmail.kumed.com/owa/redir.aspx?C=JlL7waBAYorPJwQplcVhbveBPBjn6BbOh4Sj6_vtDTEQBcSYYXfUCA..&URL=https%3a%2f%2furldefense.proofpoint.com%2fv2%2furl%3fu%3dhttps-3A__www.hrsa.gov_opa_%26d%3dCwMFAg%26c%3dW6yXEc4KRiwnyc00vf6ns_AcGSMB-xahLX9Iv8nDZnQ%26r%3dWfxn8ieidUZmYfzEQvEbD84clc2GQW90l7V7HuGnJLc%26m%3dRSWkTvvFvLaL13DThVcXD8exbL0eIMHjZ2UOEZO_RhQ%26s%3dxZ1gS3kSFV-axyTl1_epR5Es5IwEKIrXwtG36sG64yg%26e%3d)). The resident is expected to demonstrate leadership skills throughout the rotation and greater independence will be expected of the resident to complete assignments with less supervision. Apexus will provide the resident with feedback throughout the rotation.

**Acknowledgement:**

As the Residency Program Director, I acknowledge that the above resident and I have discussed their interested in completing the Apexus Elective rotation, have reviewed the responsibilities of each party, and I approve of their application being submitted for consideration.

**RPD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Additional comments from the RPD related to the candidate’s application (optional):**