

## **Resident Volunteer Activity PLI Enrollment Instructions**

1. At a minimum, the following procedures must be followed to be afforded legal defense counsel related to volunteer activity.
2. Applications will not be processed until all requested information is provided.
3. A signed copy of the Department Chair or Dean (as appropriate) approval letter must be attached.
4. Volunteer Activity must be supervised by faculty and comply with ACGME requirements for hours, approval, etc., as part of their training.
5. Volunteer Activity does not appear to be a conflict with UT's mission or physician's current UT duties and this activity does not appear to present an unreasonable time requirement. *(If the volunteer activity is during usual duty time or imposes a significant time requirement, the physician must have appropriate leave to cover the volunteer activity.)*
6. Volunteer will accept no compensation for services and will utilize no UT resources in performing volunteer services. The activity is not a volunteer activity if any compensation for services is accepted and is then subject to the MSRDP (DSRDP, if applicable) and Bylaws and the approval is immediately revoked.
7. Complete applications should be sent via e-mail attachment with subject line to include applicant name "*(name)* Volunteer Activity Coverage Notification" to [aevans@utsystem.edu](mailto:aevans@utsystem.edu) with cc to [ksmith@utsystem.edu](mailto:ksmith@utsystem.edu)
8. For any other questions contact Allene Evans at [aevans@utsystem.edu](mailto:aevans@utsystem.edu) or 512-499-4630.

*Note: A database is being developed that will replace this procedure in the future.*

**Resident Volunteer Activity  
PLI Enrollment Notification Form**

**Applicant Information**

**Name:** \_\_\_\_\_, \_\_\_\_\_  
*Last name* *First Name* *Middle*

**Institution:** \_\_\_\_\_ **PLID** \_\_\_\_\_

**License #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Applicant Status:**      \_\_\_ Resident                      \_\_\_ Fellow  
                                 \_\_\_ Resident PGY level

**Faculty Supervisor:** \_\_\_\_\_

\_\_\_\_\_ GME Office PLANet rep. signature (Residents/Fellows only)

**Department/Program Specialty (i.e., division if applicable):**

\_\_\_\_\_ / \_\_\_\_\_

**Facility Information** (*location of volunteer activity*)

**Facility Name:** \_\_\_\_\_

**City:** \_\_\_\_\_

**County:** \_\_\_\_\_ **State:** \_\_\_\_\_

\_\_\_\_\_ Beginning Date                      \_\_\_\_\_ Ending Date

\_\_\_\_\_ Department Chair or Dean Approval (*must be attached*)

<b>UT System use only:</b> Risk Class _____ Mnthly Prem _____ Lmt Factor _____ Terr/Grp /Relat _____ / _____ / _____ Due S _____
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