

VIRGINIA COMMONWEALTH UNIVERSITY MEDICAL CENTER
Cardiology Fellowship Program
Duty Hours Attestation Statement

Academic Year _____
PGY Level 4 5 6

Fellow: _____

While on _____ (name of rotation) rotations this year, I have a monthly average of _____ in-house call assignments. My daytime duty hour assignment is _____ a.m. to _____ p.m., _____ (day to day).

Based on this, my daily duty hours range from _____ (# to #). This range factors in the requirement that I am excused from duty no later than six hours after completing a 24-hour duty stint. Depending on the assigned call days, I will have _____ (# to #) such post-call six-hour duty limits. It should be noted that this total is potentially reduced or increased by the amount of time I arrive before or after _____ a.m. or leave before or after _____ p.m. each weekday.

I have reviewed the above duty hour assignments and confirm their accuracy. I have also reviewed all other ACGME duty hour requirements pertinent to this program and can attest to the following:

1. My per week total duty hours are less than 80 averaged over four weeks.
2. I have at least 10 duty-free hours between all daily duty periods.
3. I have one full day in seven free of duty averaged over four weeks.
4. I have a call frequency less than one in three days/nights during non-float, regular program months averaged over four weeks.

In addition to attesting to the above I also agree to:

1. Limit any internal moonlighting to a total number of hours per week that will not cause me to exceed the total 80 hour/week limit.
2. Report to the program director any excess duty hour circumstances that might occur causing me to be in substantial violation of the ACGME regulations; it will be expected that the program director will take the necessary corrective action to prevent such substantial violations from occurring repetitively.

Fellow's Signature: _____ Date: _____

Program Director Signature: _____ Date: _____