

Application for Non-Core Elective

(Radiology, Pathology, Independent Study, etc.)

*House officers must submit this application **60 days** in advance of the scheduled elective for review and approval. If the request does not meet this criteria, the elective will not be allowed.*

Resident Name

Date

Resident Contact Information

Home Phone

Pager #

Address

Address (Line 2)

City

State

ZIP Code

Class Year

Career Interest

Faculty Mentor

Provide the name and contact information for a faculty mentor from the discipline in which you wish to perform the elective. This faculty mentor will be responsible for your rotation and evaluation.

Name

Title

Department

Phone

Email

Non-Core Elective

Site at which elective will
be performed

UCI Medical Center

UCI Campus

LBVA

Other

Dates for Elective

This project is

New

Ongoing

Please submit a summary of the research elective you have proposed.

Provide a paragraph addressing each of the following:
(Or you may attach your own summary.)

Specify a rationale for the rotation that describes your motives for taking this elective and the manner in which it will advance your learning or your career

Specify specific objectives for this rotation

Define in detail a daily schedule that includes at minimum 30 hours per week of hands-on experience

Specify a project that will serve as the product for the rotation. This may include a substantive paper or a 45 minute conference presentation related to your area of study

Radiology or pathology electives must also complete an online or written curriculum in the specific discipline that will be assigned by the Internal Medicine Program Director.

If you have a specific curriculum that you already have in mind, please specify that curriculum here

Approvals

Your faculty mentor must sign the following statement.

I have reviewed this elective request. I agree with the information provided, in particular with respect to the nature and degree of the participation of the house officer in this elective. I believe that this elective will provide the house officer with meaningful educational experience. I will be responsible for evaluating the resident's performance on this rotation.

Faculty Mentor Signature

Date

Program Director Signature

Date

*Please submit for Program Director's approval to
tsunezub@uci.edu or fax to (714) 456-8874.*