

# Self-Designed and Away-Domestic Scheduling Form

This entire form must be completed and submitted to [medsched@listserv.uic.edu](mailto:medsched@listserv.uic.edu) four **(4) weeks prior to start date** to receive appropriate credit. This is to ensure the distribution of student assessment forms, clinical compliance audits, and hospital site assignments are processed in a timely manner. Incomplete forms will delay processing. A **maximum of eight (8) weeks of credit** may be earned for a single self-designed elective, away-domestic elective, or away-domestic catalog sub-internship. Students cannot receive a stipend during the elective rotation. Check the box next to the type of rotation you are scheduling:

## **Self-Designed Elective**

<https://chicago.medicine.uic.edu/education/md-curriculum/curriculum-by-year/phase-2-3/electives-and-pathway-structure/electives-catalog/>

- a. A variation of an elective from the UIC catalog of electives:
- b. An experience you design to receive academic credit.

## **Away-Domestic Elective; catalog elective is at an LCME accredited school: choose from drop down**

- a. An elective offered at another U.S. medical school or site. Use VSAS (<https://services.aamc.org/20/vsas/>) if applying to an LCME VSAS Host Institution.

## **Away-Domestic Catalog Sub-Internship**

- a. An External Sub I in Medicine, Pediatrics, Ob/Gyne, Surgery and Family Medicine that has already been approved as a sub-internship at an LCME accredited school, may be submitted for review and approval to insure that it meets the following guidelines.
- b. A sub-internship questionnaire must be completed by the host institution prior to scheduling the rotation. (<https://chicago.medicine.uic.edu/wp-content/uploads/sites/6/2017/07/Approved-CCC-1-23-17-External-Sub-Internship-Questionnaire-FILLABLE-FORM.pdf>)

**Information for supporting documents – Information for supporting documents** - Refer to the elective descriptions in the UIC COM Clinical Experiences Catalog as a guide: <https://chicago.medicine.uic.edu/education/md-curriculum/curriculum-by-year/phase-2-3/electives-and-pathway-structure/electives-catalog/>. Make sure to include the following: (for LCME away electives, the host school's catalog elective description may satisfy these requirements).

1. the purpose and objectives of the elective
2. a description of the elective with details on projected outcomes and activities
3. a description of the mechanism for assessment during this elective

**COMPLETE THE INFORMATION BELOW. SAVE AND SUBMIT TO [MEDSCHE@listserv.uic.edu](mailto:medsched@listserv.uic.edu) :**

Students Name:

UIN#:

Cell Phone#:

Email:

Graduation Class:

**TYPE OF REQUEST:** Elective Title:

Supervising Physician or Program Director/Coordinators (print name):

Phone Number:

Email address evaluation form to be sent to:

Clinical Site:

City:

State:

**Please note - 40 clinical/contact hours is the equivalent of one week of elective credit.**

\*Start Date:

\*End Date:

Total Weeks Credit:

Hours per Week:

*\*The start date must begin on a Monday. The end date will end on a Saturday. **\*Course will be scheduled within the term it starts\****

**Is an Affiliation Agreement for Student Placement in a Practice Setting required?**

**(Please allow up to 3 months to process.** The site coordinator/director should contact the Office of the Registrar at [medsched@listserv.uic.edu](mailto:medsched@listserv.uic.edu)).

Clinical Supervisor's Signature: \_\_\_\_\_

*(Signature is not required if you are submitting an email approval or admit letter from the supervising physician or Program Director).*