

# Self-Designed and Away-Domestic Scheduling Form

This entire form must be completed and attached to the "Student Scheduling Request Form" **four 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. Please note that students cannot receive credit when they are also being paid. Check the box next to the type of rotation you are requesting to schedule:

## Self-Designed Elective at UIC

- A variation of an approved elective from the UI COM elective catalog.  
<https://chicago.medicine.uic.edu/education/md-curriculum/curriculum-by-year/phase-2-3/electives-and-pathway-structure/electives-catalog/>
- An experience you design with a COM faculty member to receive academic credit.

## Self-Designed Elective at Community Site

- An elective offered in the community, not affiliated with any medical schools as well as UIC.
- Support from a UIC faculty member is required for the self-designed elective in the community (site not affiliated with a medical school) in addition to confirmation of involvement from the community physician.

## Away-Domestic Elective at Another Medical School

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

## Away-Domestic Catalog Sub-Internship

- An External Sub I in Medicine, Pediatrics, Ob/Gyn, 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.
- The Sub-Internship Inter-Institution Equivalency Questionnaire must be completed by the host institution prior to scheduling the rotation and submitting with initial scheduling request.

### Information for supporting documents – Required for self-designed requests

Refer to the elective descriptions in the UI 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).

- The purpose and objectives of the elective
- A description of the elective with details on projected outcomes and activities
- A description of the mechanism for assessment during this elective

### PLEASE COMPLETE THE INFORMATION BELOW AND SUBMIT A STUDENT SCHEDULING REQUEST FORM

Name:

UIN#:

Cell Phone#:

Email:

Graduation Class:

Elective Title\*:

\*Please note that any self-designed elective will appear as a "Special Topics" title on your schedule.

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:

\*For UIC electives, the start date must begin on a Monday and the end date will end on a Saturday.

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

(Please allow up to 3 months to process. The site coordinator/director should contact Janet Comins ([jcomins@uic.edu](mailto:jcomins@uic.edu)) in the Office of Educational Affairs).

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.