Self-Designed and Away-Domestic Scheduling Form

This entire form must be completed and submitted to 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 at UIC
  b. An experience you design to receive academic credit.

- [ ] Self-Designed Elective at Community Site
  a. An elective offered in the community (not affiliated with any medical schools as well as UIC).
  b. 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
  a. 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
  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 MEDSCHED@listserv.uic.edu:

Students Name: UIN#: Email: Graduation Class:

Cell Phone#: __________________________ Type of Request: __________________________

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.

Is an Agreement for Student Placement in a Practice Setting required?
(Only allow up to 3 months to process. The site coordinator/director should contact the Office of the Registrar at 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).