This form must be filled out by the student and received by the Curriculum Office by the first calendar day of the month prior to the elective. Failure to do so may result in a “not for credit” medicine elective month.

### ELECTIVE AND CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Med Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year:</td>
<td></td>
</tr>
<tr>
<td>Elective Title:</td>
<td></td>
</tr>
<tr>
<td>Institution Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State: Country:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Email:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Evaluator Name:</td>
<td>Email:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Email:</td>
</tr>
<tr>
<td>Duration of Elective:</td>
<td>4 Weeks 1 Month Other (explain):</td>
</tr>
<tr>
<td>Is the evaluator related to the student requesting this elective?</td>
<td>Yes No</td>
</tr>
<tr>
<td>If yes, please indicate the relationship:</td>
<td></td>
</tr>
<tr>
<td>and specify an alternate evaluator:</td>
<td></td>
</tr>
</tbody>
</table>

Student Signature: ___________________________ Date: __________

ETC Signature: ___________________________ Date: __________

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For Curriculum Office Use Only

<table>
<thead>
<tr>
<th>Approval:</th>
<th>Date:</th>
<th>Chair of Curriculum</th>
</tr>
</thead>
</table>

| Elective Title: | |
|-----------------| |

<table>
<thead>
<tr>
<th>Course #:</th>
<th>FileMaker #:</th>
</tr>
</thead>
</table>

| Credit | Audit / Reason: |
**CURRICULUM INFORMATION**

**UMKC Competencies:** (Select which competencies are addressed in this elective.)
- [ ] Interpersonal and Communication Skills
- [ ] Systems-Based Practice
- [ ] Medical Knowledge
- [ ] Patient Care
- [ ] Practice-Based Learning and Improvement
- [ ] Professionalism

**Educational Objectives:** (Describe the facts, concepts, and skills the student is expected to know upon completion of the elective.)

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8.

**Schedule Information:**

**Elective Primarily Based:**  
- [ ] Institution  
- [ ] Office  
- [ ] Hospital

Maximum Number of Students (if applicable):

Months Elective is Offered:

Year Level Accepted for this Elective (MS-3 is equivalent to traditional MS-1 and so on):  
- [ ] MS-3  
- [ ] MS-4  
- [ ] MS-5  
- [ ] MS-6

Call:  
- [ ] Yes  
- [ ] No  
If Yes, Frequency:

Prerequisites:  
- [ ] Yes  
- [ ] No  
If Yes, List:

To meet requirements for one month of elective credit, the student must participate in a **minimum of 160 hours** of education activities. To be classified as a **clinical elective**, the student must spend 50% (or at least 80 hours) in clinical activities.

**TEACHING METHODS:** (Specify number of **hours per month** for each)

- [ ] Outpatient Visits (Clinical)
- [ ] Hospital/Rounds/Patient Care (Clinical)
- [ ] Operating Room (Clinical)
- [ ] Laboratory
- [ ] Lecture /Conference

**EVALUATION METHODS:** (Check all that apply)

- [ ] CLINICAL PERFORMANCE
- [ ] READING ASSIGNMENTS
- [ ] ORAL PRESENTATIONS
- [ ] EXAMINATIONS
- [ ] OTHER (PLEASE SPECIFY BELOW)

**GRADING CRITERIA:** (e.g., Clinical Grading Basis, B or better on a paper, exam score of 75%, etc.)