This form must be filled out by the student and received by the Curriculum Office before the first calendar day of the block prior to the elective. Failure to do so may result in a “not for credit” medicine elective block or denial of request. Evaluator email must be provided.

### ELECTIVE AND CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Block /Year of Elective:</th>
<th>Med Year:</th>
<th>Student ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Title:</td>
<td>Unit:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institution Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Evaluator Name:</td>
<td>Phone:</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Contact person:</td>
<td>Phone:</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Duration of Elective:</td>
<td>4-week Block</td>
<td>Other (explain):</td>
<td></td>
</tr>
</tbody>
</table>

Proposed Elective Category (select only one):
- [ ] Community/Family Medicine
- [ ] OB/GYN
- [ ] Radiology
- [ ] Miscellaneous
- [ ] Internal Medicine
- [ ] Pathology
- [ ] Research
- [ ] Pediatrics
- [ ] Surgery

Is this elective a Sub-Internship?: [ ] Yes [ ] No  *If yes, objectives MUST reflect duties of a sub-intern

Please indicate instructor level of evaluator: [ ] Faculty Member [ ] Physician [ ] Scientist Researcher (residents cannot be the primary evaluator for students)

Is the evaluator related to the student requesting this elective?: [ ] Yes [ ] No

If yes, please indicate the relationship: ____________________________

and specify an alternate evaluator: ____________________________

[ ] All information contained in this form has been verified with the elective program prior to submission to the Council on Curriculum by the student requesting the elective.

Student Signature: ____________________________ Date: ____________________________

ETC Signature: ____________________________ Date: ____________________________

---

For Curriculum Office Use Only

Approved: ____ Denied: ____ By: ____________________________ Date: ____________________________

Associate Dean for Clinical Medical Education

Elective Title:

Course #: FileMaker #:

[ ] Credit [ ] Audit / Reason:
## CURRICULUM INFORMATION

**Elective Primarily Based:**  
☐ Institution  ☐ Office  ☐ Hospital

Maximum Number of Students (if applicable): 

Dates 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:

**Schedule Information:**

<table>
<thead>
<tr>
<th>Educational Objectives: (Describe the facts, concepts, and skills the student is expected to know upon completion of the elective.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
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<tr>
<td>6.</td>
</tr>
</tbody>
</table>

**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
- ☐ Interpersonal Collaboration
- ☐ Personal and Professional Development

To meet requirements for one block 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 block** for each)

<table>
<thead>
<tr>
<th>Outpatient Visits (Clinical)</th>
<th>Hospital/Rounds/Patient Care (Clinical)</th>
<th>Operating Room (Clinical)</th>
<th>Laboratory</th>
<th>Lecture /Conference</th>
<th>Reading/Self-Directed Learning</th>
<th>Research</th>
<th>Other (Please Specify Below)</th>
</tr>
</thead>
</table>

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

- ☐ Clinical performance  ☐ Examinations
- ☐ Reading assignments  ☐ Other (please specify below)
- ☐ Oral presentations

**GRADING CRITERIA:** All research and clinical electives will utilize the clinical grading scale.  
*Honors | High Pass | Sat. Pass | Marg. Pass | Fail*

Revised October 2022