

RESIDENT ELECTIVE APPROVAL FORM

Date _____

This form must be completed by residents taking:

- (1) Research elective at any site
- (2) Elective at another institution or site, including any Ambulatory Block Rotations and out-of-state rotations.
- (3) Elective in another department at the University of Maryland

Note that requests for away rotations must be made 90 days in advance.

Resident Name _____

Title of Rotation _____ Dates of Rotation: _____ to _____

Preceptor _____

Institution _____ Title/Position: _____

Division _____ Department _____

Address _____

City _____ State _____ Zip _____

Phone Number: Daytime: Area code (____) _____

Night: Area code (____) _____

To ensure approval of your request, make certain that your responses fully describe your rotation.

Project or elective objectives:

Description of the project or elective:

Expected outcomes:

If you are choosing an elective or research project at another institution or within another Department, please explain your reasons for selecting this rotation outside the Department?

Please complete the reverse side of this form.

Will you be out of Baltimore for all or part of this rotation? Yes No

If yes, you must add two medical clinic sessions (one week before and after this rotation) and complete the following:

Date leaving Baltimore _____ Date returning to Baltimore _____

Dates of two additional medical clinic sessions: _____ and _____

Have you canceled your other medical clinic sessions? Yes No

Your clinic director must sign and approve these changes.

Will you need to switch any?

Sick call days Yes No

Night calls Yes No

If sick or night calls need to be changed, submit the appropriate forms to the Chief Residents.

Preceptor

Signature of Resident

Medical Clinic Director
(Signature necessary only if clinic days are changed)

Approved by: _____

Susan D. Wolfsthal, M.D.

Chief Resident

Updated 7/2009