

ELECTIVE VERIFICATION FORM

ROTATION 1 NAME: _____

Week 1	AM	PM
<u>MONDAY</u> 6/29/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>TUESDAY</u> 6/30/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>WEDNESDAY</u> 7/1/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>THURSDAY</u> 7/2/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>FRIDAY</u> 7/3/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>SATURDAY</u> 7/4/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>SUNDAY</u> 7/5/09	<u>Elective</u> Signature	<u>Elective</u> Signature

****Please make sure each half day is complete with attending/supervisors signature**

Week2	AM	PM
<u>MONDAY</u> 7/6/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>TUESDAY</u> 7/7/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>WEDNESDAY</u> 7/8/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>THURSDAY</u> 7/9/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>FRIDAY</u> 7/10/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>SATURDAY</u> 7/11/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>SUNDAY</u> 7/12/09	<u>Elective</u> Signature	<u>Elective</u> Signature

Failure to obtain this verification will result in the resident owing an equivalent half day of work which will be scheduled by the Chief Residents as needed by the Residency

ELECTIVE VERIFICATION FORM

ROTATION 1 NAME: _____

Week 3	AM	PM
<u>MONDAY</u> <u>7/13/09</u>	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>TUESDAY</u> <u>7/14/09</u>	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>WEDNESDAY</u> <u>7/15/09</u>	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>THURSDAY</u> <u>7/16/09</u>	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>FRIDAY</u> <u>7/17/09</u>	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>SATURDAY</u> <u>7/18/09</u>	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>SUNDAY</u> <u>7/19/09</u>	<u>Elective</u> Signature	<u>Elective</u> Signature

****Please make sure each half day is complete with attending/supervisors signature**

Week 4	AM	PM
<u>MONDAY</u> <u>7/20/09</u>	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>TUESDAY</u> <u>7/21/09</u>	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>WEDNESDAY</u> <u>7/22/09</u>	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>THURSDAY</u> <u>7/23/09</u>	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>FRIDAY</u> <u>7/24/09</u>	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>SATURDAY</u> <u>7/25/09</u>	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>SUNDAY</u> <u>7/26/09</u>	<u>Elective</u> Signature	<u>Elective</u> Signature

Failure to obtain this verification will result in the resident owing an equivalent half day of work which will be scheduled by the Chief Residents as needed by the Residency

Elective Verification Form Rotation 1

Name: _____

Week 1	AM	PM
<u>MONDAY</u> 6/29/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>TUESDAY</u> 6/30/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>WEDNESDAY</u> 7/1/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>THURSDAY</u> 7/2/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>FRIDAY</u> 7/3/09	<u>Elective</u> Signature	<u>Elective</u> Signature

Please make sure each half day is complete with preceptors signature

Week 2	AM	PM
<u>MONDAY</u> 7/6/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>TUESDAY</u> 7/7/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>WEDNESDAY</u> 7/8/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>THURSDAY</u> 7/9/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>FRIDAY</u> 7/10/09	<u>Elective</u> Signature	<u>Elective</u> Signature

Please make sure each half day is complete with preceptors signature

Week3	AM	PM
<u>MONDAY</u> 7/13/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>TUESDAY</u> 7/14/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>WEDNESDAY</u> 7/15/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>THURSDAY</u> 7/16/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>FRIDAY</u> 7/17/09	<u>Elective</u> Signature	<u>Elective</u> Signature

Please make sure each half day is complete with preceptors signature

Week 4	AM	PM
<u>MONDAY</u> 7/20/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>TUESDAY</u> 7/21/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>WEDNESDAY</u> 7/22/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>THURSDAY</u> 7/23/09	<u>Elective</u> Signature	<u>Elective</u> Signature
<u>FRIDAY</u> 7/24/09	<u>Elective</u> Signature	<u>Elective</u> Signature

Please make sure each half day is complete with preceptors signature