

Elective Instruction and Agreement Form

Prior to submitting your elective schedule for review by your Faculty Advisor check that you have done the following.

1. Read the **Rules of Electives** Form
1. COMPLETELY fill out your **Elective Schedule Request** form.
2. Read and initial all items on this Instruction Form #1
3. Return your completed **Elective Schedule Request** form and this instruction form to Medical Education
4. Review your completed **Elective Schedule Request** form with Medical Education staff to ensure all steps are complete
5. Your **Elective Schedule Request form** and this **Instruction and Agreement Form** will be given to your Faculty Advisor by Medical Education staff. Meet with your Faculty Advisor to review and obtain approval.

Initial when done

_____ I have read the **Rules of Elective** and am certain that my elective request complies with these rules.

_____ I have spoken to and have the attending's approval for any half-day I have indicated for elective. (Be certain that the specialty attendings will be present in the clinic on the day that you have assigned).

_____ Review the options for the Family Care Center half days of clinic with the Family Care Center manager on your **Elective Schedule Request** form.

_____ Review all previous away elective weeks and be certain not to exceed the maximum allowed.

_____ YOUR ELECTIVE IS NOT APPROVED UNTIL DISCUSSED WITH AND SIGNED BY YOUR FACULTY ADVISOR.

Resident's Name

Signature

Date

Advisor's Name

Signature

Date