Personalized Career Plan for External Electives

All students planning on completing an external elective must submit a form and a course description for each elective. All electives MUST be four weeks in duration; electives less than four weeks MUST be approved by the Deans for Students. Final approval of an elective will be granted only when completed forms have been submitted. Final registration of the elective will be completed once the student provides an official acceptance notification from the Host Medical School to the Office of the Registrar. A Performance Evaluation Form must be completed by the elective course director and returned to the Registrar’s Office within 4 weeks of the completion of the elective.

Date __________________

Name_________________________________________ Banner ID ____________________

Last                      First

Academic Reasoning for Elective
1. List your three learning objectives for this elective:

2. Personalized academic goals for completing this elective (Check all that apply):
   □ Current likely choice of specialty
   □ Consistent with personal career goals
   □ Enhance technical and clinical skills in specified area
   □ Interested in non-career specific experience
   □ Interested in international experience
   □ Interested in geographic region
   □ Other: _______________________________________________________

Elective Course

Elective Title: ______________________________________________________________

Host Medical School/Hospital: ________________________________________________

Tentative Starting Date: ___________ Tentative Ending Date: ___________

Please complete front and back

Office Use Only: 1/2014

#__________ Module:__________ CRN# __________
Contact information of elective director/elective coordinator that will be completing your Performance Evaluation form:

Name: __________________________________________

Phone: ___________________________ Email: ___________________________

**Supporting Documentation**

**VSAS Applications:** Please indicate below the following supplemental documents requesting to be uploaded by the Registrar’s Office. A transcript will be uploaded into VSAS upon receipt of this form, a course description and submission of the online application.

- ☐ Copy of your Personal Insurance Card (Student must provide a copy to Registrar’s Office)
- ☐ Immunization Records (Student must provide a copy to the Registrar’s Office)
- ☐ BLS/CPR Card
- ☐ HIPAA Certification
- ☐ New York State Infection Control (Student must provide a copy to the Registrar’s Office)
- ☐ Other: __________________________________________

**Paper Applications:** Please indicate below the supporting documents needed to complete the attached paper application. All paper applications will include proof of professional medical malpractice insurance.

- ☐ Copy of your Personal Insurance Card (Student must provide a copy to Registrar’s Office)
- ☐ Immunization Records (Student must provide a copy to the Registrar’s Office)
- ☐ BLS/CPR Card
- ☐ Transcript
- ☐ Letter of Good Standing
- ☐ HIPAA Certification
- ☐ New York State Infection Control (Student must provide a copy to the Registrar’s Office)
- ☐ Other: __________________________________________

Requested supporting documentation and application should be mailed to:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

*Please complete front and back*

Office Use Only (Approval):

Dean of Students Date Registrar Date