



Albert Einstein College of Medicine

Office of the Registrar
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Selective Supplemental Form (MD)

Name: _____ Banner ID: _____

Dates of Geriatrics Clerkship assignment: _____

By completing and signing this form I am electing to participate in a specialty selective and will be postponing the required Geriatrics Clerkship to the fourth year. I am aware that postponing Geriatrics will compress and limit my choices in my fourth-year schedule and that I will be assigned Geriatrics in the 4th year as available. I acknowledge that I will need to complete the four-week rotation block that I am reassigned Geriatrics with a scholarly or clinical activity.

All selective arrangements must be finalized no later than eight weeks in advance of the start of the rotation. Student must complete the selective in the time period that Geriatrics was originally assigned. Student will not be dropped from the required Geriatrics rotation until a final confirmation is received from both the student and faculty preceptor.

Rank up to three specialty options from the pre-existing selectives listed below (all offered at Montefiore). If you are planning to participate in a specialty not listed below, "Other," students must arrange with an appointed Einstein faculty member, complete the information below, obtain a signature from the faculty member, and attach a description of the planned experience and learning objectives.

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| _____ Anesthesiology | _____ Neurological Surgery |
| _____ Emergency Medicine | _____ Nuclear Medicine |
| _____ Neurology | _____ Orthopaedic Surgery |
| _____ Ophthalmology | _____ Pathology (specific interest: _____) |
| _____ Otolaryngology | _____ Plastic Surgery |
| _____ Physical Medicine and Rehabilitation | _____ Urology |
| _____ Radiation Oncology | _____ Other: _____ |

Contact information of faculty preceptor:

Name: _____ Site Location: _____

Phone: _____ Email: _____

I have agreed to oversee the Selective that is described in the attachment. I have accepted this student under my supervision and will ensure that the student has a well-defined curriculum that supports the goals and learning objectives outlined. I agree to submit an evaluation of the student's performance and participation within 6 weeks of completion of the Selective experience to the Office of the Registrar.

Preceptor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____