

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 _____
Last First

Banner ID _____

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