

University of Central Florida College of Medicine

Extracurricular Activity Approval Form

UCF COM students are required to have on file a completed **AND** approved "Extracurricular Activity Approval Form" to participate in extracurricular activities. Additionally, a student's signature on this form indicates that you understand the need for an IRB and ongoing mentorship by a faculty member affiliated with UCF, if required. Should you need additional information regarding the IRB, please visit: www.research.ucf.edu/Compliance/irb.html. **This form should be submitted to the Office of Student Affairs at least one week prior to the activity.** All extracurricular **clinical** activities must be supervised by a UCF COM faculty member. Please submit completed forms to Soraya Smith via email at Soraya.Smith@ucf.edu or via fax at (407) 266-1389. Once approved, a copy of this form will be returned to the student.

DESCRIPTION OF STUDENT ROLE/SERVICE:

Student Name:

Date Submitted:

Current Class (M1, M2, etc.):

Dates of participation:

Contact person and contact information:

Location:

ACTIVITY — Please check all applicable

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Clinical Experience (e.g. free clinic, shadowing OR RESEARCH WITH A CLINICAL COMPONENT) – must have the approval of a UCF COM faculty member (core or volunteer) who will be supervising the clinical experience.

Faculty Supervisor Name:

Faculty Supervisor Signature (unless extramural experience):

Description of your responsibilities:

Clinical Specialty:

Level of responsibility for patient care:

Level of supervision (e.g. direct supervision, indirect supervision):

Time spent in clinical activities (i.e. hours):

Frequency (daily, weekly, etc.):

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Research (e.g. research outside of that required in the curriculum) **MUST CHECK RED BOX BELOW (IRB)**

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Checking this box indicates you understand the need for an IRB and ongoing mentorship by a faculty member affiliated with UCF.

Research Project Title:

Description of your responsibilities:

Time spent in research activities (i.e. per day/week/month):

Frequency (daily, weekly, etc.):

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International Experience – must have the approval of Dr. Judith Simms-Cendan.

Judith Simms-Cendan, MD, Director of International Experiences

Brief description of experience:

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Service Learning – checking this box means you would like this activity to count as service learning. This requires a self-reflection to be submitted at the end of the experience, but no later than the end of the current academic year.

Director of Service Learning Signature:

Date Approved:

Approval ☐ Yes ☐ No

Associate or Assistant Dean for Students Signature:

Date Approved:

Approval ☐ Yes ☐ No

Hours for Service Learning Credit:

Student Signature: