



## Extracurricular Clinical Activity Approval Form

**Students are required to have this form completed AND approved to participate in ANY extracurricular clinical activities (example free clinic, health fair, shadowing done outside the curriculum, i.e. NOT COP).**

**THIS FORM MUST BE SUBMITTED TO THE OFFICE OF STUDENT AFFAIRS AT LEAST ONE WEEK PRIOR TO THE START OF THE ACTIVITY.**

Please submit completed forms to Soraya Smith via email at [soraya.smith@ucf.edu](mailto:soraya.smith@ucf.edu) or via fax at (407) 266-1389.

Student Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Current Class:  M1  M2  M3  M4

Participation Dates: \_\_\_\_\_

Location of activity: \_\_\_\_\_

**Faculty Approval:**

Faculty Supervisor Name: \_\_\_\_\_

Faculty Supervisor Signature: \_\_\_\_\_

**OR**

Forwarded Email Approval  YES  N/A

**Description of your Responsibilities:**

- Clinical Specialty: \_\_\_\_\_
- Level of responsibility for patient care: \_\_\_\_\_
- Level of supervision (i.e. direct/indirect): \_\_\_\_\_
- Time spent in clinical activities (i.e. hours): \_\_\_\_\_
- Frequency (daily, weekly, etc.): \_\_\_\_\_

**Is this an international experience?**

YES must have the approval of Dr. Judith Simms-Cendan:

\_\_\_\_\_  
*Judith Simms-Cendan, MD, Director of International Experiences*

NO

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.

**Student Signature:** \_\_\_\_\_

**Associate or Assistant Dean for Students Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

Approved:  YES  NO