



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 via email at medstudentaffairs@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? NO

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

Judith Simms-Cendan, MD, Director of International Experiences

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

I have reviewed the information set forth above and confirm that the student is actively enrolled in a course of study or training program with the University of Central Florida College of Medicine, and that his/her participation in the Extracurricular Student Activity set forth above enhances and broadens the student's studies and training program with said college.