



UNIVERSITY OF CENTRAL FLORIDA

College of Medicine

M4 Clinical Requirement Exemption Request

Name: _____

In order to be eligible for an exemption, you must have first made every attempt to schedule all required clinical rotations for the M4 year. Additionally, you may not have declined any reasonable offers for a clinical rotation. Exceptions to the clinical requirement will only be made in extenuating circumstances.

I am currently enrolled in ____ weeks of non-clinical electives in the M4 year. I am requesting to be enrolled in ____ weeks of non-clinical electives in the M4 year.

Please initial all that apply:

- _____ I completed a non-clinical rotation in the last block of the M3 year.
- _____ I have made requests to Christie to schedule clinical rotations that have been denied by the site.
- _____ I have submitted applications for clinical rotations in ClinicianNexus and have been denied or have not received a response.
- _____ I have submitted applications for clinical rotations at Advent Health and have been denied or have not received a response.
- _____ I have submitted applications for clinical rotations at Orlando Health and have been denied or have not received a response.
- _____ I have submitted applications for clinical rotations at other institutions in Florida and have been denied or have not received a response.
- _____ I have a medical issue that makes participation in clinical rotations high-risk (you may be asked to provide documentation to the Medical Student Accessibility Services Office).

Please attach a detailed description of your request, including your proposed schedule. You must also include the dates, location, and elective name for all clinical rotations that you have applied for and been denied or have not received a response for.

Signature: _____