



# College of Medicine

## Application for Clinical Community Engagement Program

Once completed, please submit the form to Soraya Smith ([soraya.smith@ucf.edu](mailto:soraya.smith@ucf.edu)) or Judith Simms-Cendan, MD ([judith.simms-cendan@ucf.edu](mailto:judith.simms-cendan@ucf.edu)) for review by the Clinical Community Engagement Committee.

**Program Title:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Faculty Advisor for the program:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Project description.**

- *Please describe the purpose of your project, the target population. Please document the needs of the population being served as it relates to this program, and how this program will meet those needs.*
- *Please explain who will be participating in the program. Will UCF students outside the COM be involved?*
- *Approximately how many UCF COM students are expected to be participating?*
- *What is the expected time commitment for participants?*
- *How will the program be delivered (i.e. in person/virtual)?*
- *Will the program impact participation in any curricular activities through conflict of scheduled activities? If yes, please explain.  YES  NO*

- *Is participation in this activity a requirement of a course? If yes, please explain.*  YES  NO
- *Please list all university and community partners and their role in the program.*
- *What is the expected duration of project? If multiyear, who will be taking responsibility for the project?*
- *What are the sources of funding for the program? Would participation in this program provide opportunities for future funding?*
- *Are there potentials for scholarly activity with this program?*
- *Are there opportunities to reinforce curriculum (e.g. interpersonal communication, interprofessional practice)?*

**Please use the attached COVID risk assessment tool to indicate the risk to participant exposure/transmission of COVID.**

**Please select one.**

I. Community outreach non-patient care/non-clinical activities

1a. Outdoor activities

1b. Indoor activities

II. Community and Individual preventive services clinical activities

IIa. Non-direct patient contact

IIb. Limited-contact clinical activity

IIc. Moderate contact clinical activity

III. Direct patient care related activities with unscreened individuals

**Assessment of COVID Exposure Risk**

Activity Level/Category	Requirements	Examples:
<b>I. Community outreach non-patient care/non-clinical activities</b>	<b>Ia. Outdoor activities</b> i. Adhere or exceed CDC guidelines for PPE (masking and other protective equipment), physical distancing ii. Participants also required to wear masks (age >2yrs) or PPE deemed appropriate for circumstances iii. Limit number of volunteers and supervising faculty per UCF COM percent-occupancy rules and physical distancing requirements	(1) Provide resources to community members e.g., masks, supplies, thermometers, etc..
	<b>1b. Indoor activities</b> i. Same as above PLUS...	(2) Same as above but in large indoor space such as an auditorium or Community Center
<b>II. Community and Individual preventive services clinical activities</b>	<b>Ila. Non-direct patient contact</b>	(3) Telemedicine/Telehealth
	<b>IIf. Limited-contact clinical activity</b> i. Limited contact (<15 minutes) with asymptomatic, screened individuals ii. Adhere to COM guidelines for patient care activities, for PPE (masking and other protective equipment) iii. Participants also required to wear masks (age >2yrs) or PPE deemed appropriate for circumstances	(4) Nemours Vaccination Clinics
	<b>Iic. Moderate contact clinical activity</b> i. Contact > 15 min with asymptomatic, screened individuals ii. Adhere to COM guidelines for patient care activities which meet or exceed CDC guidelines for PPE (masking and other protective equipment) iii. Participants also required to wear masks (age >2yrs) or PPE deemed appropriate for circumstances	
<b>III. Direct patient care related activities with unscreened individuals</b>	i. Adhere to COM guidelines for patient care activities which meet or exceed CDC guidelines for PPE (masking and other protective equipment), physical distancing ii. Participants also required to wear masks (age >2yrs) or PPE deemed appropriate for circumstances iii. Limit number of volunteers and supervising faculty per UCF COM percent-occupancy rules and physical distancing requirements	



# College of Medicine

## Evaluation of Clinical Community Engagement Program

Program Title: \_\_\_\_\_

Submitted by: \_\_\_\_\_

**Faculty Advisor for the program:**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**CCEC ASSESSMENT**

Approved.

Reviewed positively but additional information is needed. Please provide the following information and resubmit to the CCEC.

Rejected. The CCEC cannot support the proposal for the following reason(s):

Signature of CCEC representative: \_\_\_\_\_

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

Duration of approval: \_\_\_\_\_

**ASSOCIATE DEAN ASSESSMENT**

**Non-curricular activities:**

Dr. Marcy Verduin    Approve

Do not Approve

Signature: \_\_\_\_\_

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

**Activities impacting curriculum participation**

Dr. Richard Pepler    Approve

Do not Approve

Signature: \_\_\_\_\_

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

Notification of Program Applicant: \_\_\_\_\_

Notification of Self-Insurance Program (date and contact): \_\_\_\_\_