**University of Central Florida**

**College *of* Medicine**

**Selective/Elective/Acting-Internship Proposal Form**

**\*Please complete the entire form. All fields are required\***

**Proposal Date:** Click the dropdown arrow to choose a date.

**For a new site of an existing course. Please provide course number and title from the catalog:** Click here to enter the course title. This title will appear in the course catalog.

**Have you approved this course with your site supervisor?** [ ]  YES [ ]  NO

**Please provide the name of the credentialing contact:** Click here to enter text.

**Information About the Physician Proposing the Course**

**Name:** Click here to enter the doctor's name that the students will be working with on their rotation.

**Graduate Education:** Click here to enter where you completed your graduate education.

**Previous and Current Academic Appointments (if any):** Click here to enter any previous and current academic appointments.

**Contact Email and Phone:** Click here to enter the email address you want the college of medicine to contact your office regarding scheduling. This is also the email address where the student's evaluation will be sent for you to complete.

**Logistical Information About Course New Location**

* **Clinic/Hospital/Institution Name and Locations where Student Will be Rotating:** Click here to enter the address of your office. We will periodically send out information via USPS.
* **Clinic/Hospital/Institution Name and Location to Report on the first day:** Click here to enter the address of your office where the student should report of the first day.
* **Reporting Time:** Click here to enter the time students should report to your office on the first day on the rotation.
* **Contact Person (administrative assistant/business manager contact) (**for information**/** scheduling)**:** Click here to enter the name of the person students should contact regarding rotation details (i.e. schedule, action items to complete before/after rotation.
* **Contact Phone and e-mail:** Click here to enter the phone number and email address you want the student to contact your office on the rotation and before the rotation starts.

**Course type (select all that apply, note: electives and acting internships cannot have the same course goals):** [ ] M3 and M4 Elective (4 weeks) [ ] M3 Elective (4 weeks)

[ ] M4 Elective (4 weeks) [ ] M4 Elective (2 weeks) [ ] M4 Elective (2 or 4 weeks)

[ ] M4 Acting-Internship (4 weeks) [ ] M3 Surgery Selective

**Please select which months you can offer this course to students.** (UCF COM will verify this information yearly.)

[ ] January [ ] February [ ] March [ ] April [ ] May [ ] June [ ] July [ ] August [ ] September [ ] October [ ] November [ ] December

**Maximum number of students per rotation block?** Click here to enter text.

**Required textbooks and articles:** All textbooks and articles for Elective and Acting Internship courses must be provided by the faculty member to the students.

**This course follows core policy statements for UCF courses:** *The entire policy can be viewed at the following link:* [*https://med.ucf.edu/media/2018/07/General-Syllabus-Information-for-All-MD-Modules-and-Clerkships-1.pdf*](https://med.ucf.edu/media/2018/07/General-Syllabus-Information-for-All-MD-Modules-and-Clerkships-1.pdf)

* Academic integrity statement including definition(s) of and consequences for academic misconduct
* Statement directing students needing accommodations to work with faculty and with Student Accessibility Services to ensure equal access to educational activities
* Statement regarding emergency procedures and campus safety, encouraging students to be aware of their surroundings and familiar with actions to take in various types of emergencies
* Statement regarding accommodations for active duty military students

**Type your name to sign this form and agree to the core police statement above:** Click here to type your name.

**Date:** Click the dropdown arrow to choose a date.

\* Email the completed form to mdcourseproposal@ucf.edu as a **word document**. We will reach out to you if we need additional information and inform you of the status of your course proposal.

Assistant Dean of Medical Education:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Curriculum Committee Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COM Dean:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Justification:** Medical students are required to take electives and acting internships.