

***** IMPORTANT REMINDER *****

YOU ARE NOT OFFICIALLY REGISTERED FOR THIS ELECTIVE. IN ORDER TO BE OFFICIALLY REGISTERED FOR AND RECEIVE CREDIT FOR THIS ELECTIVE YOU MUST:

- **COMPLETE THE "PROPOSAL FOR EXTRAMURAL/TAILOR-MADE ELECTIVE FORM FOUND IN SLOT B OR C AGAINST THE WALL. OBTAIN SIGNATURES OF THE CORRESPONDING DEPARTMENT CHAIR AND YOUR CLINICAL ASSISTANT DEAN (WHEN APPLICABLE); AND**
- **ATTACH A COPY OF THE ACCEPTANCE LETTER FROM THE HOST INSTITUTION.**
- **RETURN TO THE OFFICE OF THE REGISTRAR PRIOR TO THE START OF THIS ELECTIVE. YOU WILL NOT BE COVERED BY MALPRACTICE INSURANCE OF RECEIVE RETROACTIVE CREDIT IF THESE PROCEDURES ARE NOT FOLLOWED. NO EXCEPTIONS WILL BE MADE.**

Procedure for Applying for an Extramural (Away) Elective and Requesting Approval to Receive Clinical Elective Credit

TO APPLY TO THE HOST INSTITUTION

- ⊞ **Call or e-mail the institution the elective is offered at and obtain an application.**
The *AAMC Extramural Electives Compendium* lists all 125 medical schools and their contact information for doing electives at their institution. Copies are available in the Office of the Registrar and in PDF format on the web: <http://www.aamc.org/students/medstudents/electives/>
The *AAMC Extramural Electives Compendium* is a database on the web that students are able to use to sort by geographic location and it has links directly to each school's visiting student website.
- ⊞ **Bring the application to the Office of the Registrar for required certification, transcript or letter of good standing.** Follow any other instructions in the visiting student packet from the institution. Most requests can usually be filled in one business day.
- ⊞ **All students must be covered for malpractice insurance in order to take an elective at an off-campus institution.** To confirm whether the institution to which you are applying is covered for malpractice/liability insurance, check the *Extramural Elective Agreements* listing in the Office of the Registrar. If the institution is not listed, please inform the Office of the Registrar and they will make every effort to secure an agreement with that institution. If the institution is listed but does NOT cover our students – you will NOT be able to do an extramural elective at that institution.
All students must follow-up with the Office of the Registrar to make sure that a malpractice insurance agreement is in place for the institution they wish to attend. Every effort will be made to contact you by e-mail if a malpractice insurance agreement cannot be worked out between the institution you wish to attend and SUNY Downstate.

TO REQUEST APPROVAL FOR CLINICAL ELECTIVE CREDIT

- ⊞ **Once you receive approval from the institution in writing, you need to receive approval for clinical credit.** You can pick up the "*Proposal for Extramural/Tailor-Made Form*" from the Office of the Registrar to request approval and to register for the elective.
- ⊞ **Fill out the form completely, including faculty or institutional information that indicates where the Office of the Registrar should send your grade/evaluation form and attach the letter of acceptance.** You may be asked for a course description, especially if the elective is not being taken at an LCME accredited medical school.
- ⊞ **You will need to obtain two signatures, the corresponding department chair's signature (i.e. if you are trying to do an Oncology elective at Memorial Sloan Kettering, you will need the SUNY Downstate Department of Medicine chair's signature) and your clinical assistant dean's signature.**
- ⊞ **Return the form to the Office of the Registrar where the course will be added to your schedule and an evaluation form will be sent out for the visiting institution to complete on your behalf.** If you fail to return the form prior to your elective start date, you will not receive credit for it. There are no exceptions to this rule.

Research Electives

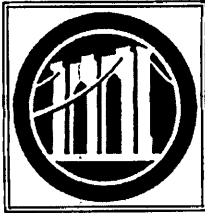
Senior Year Electives

Obtaining Research Credit

To obtain academic credit, the length of a research elective is generally limited to 8 weeks of full-time effort. If you are interested in a research elective, you should develop a brief, written research plan in consultation with a faculty mentor. Attach the plan, signed by the faculty mentor, to an "Extramural/Tailor-made Elective" form, signed by the department chair of the research department and your clinical assistant dean, and submit to the Office of the Registrar for review and approval by the Electives Subcommittee. Your plan must include:

- a.** Specific aims. State the aims and discuss concisely the goals you expect to accomplish during the elective.
- b.** Methods. Include the population to be investigated, controls, number of subjects, use of animals, study protocols, and techniques should be described, specific methods of statistical analysis, etc. Please note that any research involving human or animal subjects needs approval by the appropriate institutional committee prior to the start of the project.
- c.** Significance and justification of the research.
- d.** The faculty mentor's signature indicating approval of the plan.

Your faculty mentor will be sent a course evaluation form that must be completed and returned to the Office of the Registrar for credit to be awarded.



STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER
 OFFICE OF THE REGISTRAR
 BASIC SCIENCE BUILDING 1-112 MSC 98

**PROPOSAL FOR EXTRAMURAL / TAILOR-MADE ELECTIVE
 COLLEGE OF MEDICINE**

INSTRUCTIONS: This form is be used to propose an elective on campus (tailor-made) which is not in the Course Selection Book or to obtain approval to receive credit for an elective off-campus (extramural) at another institution. Complete appropriate section for extramural or tailor-made. ALL required signatures must be obtained and form submitted to the Office of the Registrar in order to be approved and registered. Any form submitted less than four weeks (see Add/Drop Policy in the Course Selection Book) prior to the start of the elective will be charged a \$20 late fee paid.

STUDENT NAME: _____	SID: _____
DESIRED DATES: START _____ END _____	# WEEKS _____
SHOULD BEGIN WITH A MONDAY & END WITH A FRIDAY	

TAILOR-MADE (On Campus - Not in Course Selection Book - May be research or specially designed elective)

PROPOSED ELECTIVE TITLE: _____

DEPT: _____ FACULTY PRECEPTOR: _____
PRINT NAME

I UNDERSTAND PRECEPTOR CANNOT BE A RESIDENT OR A FELLOW

TEL #: _____ FAX #: _____ E-MAIL ADDRESS: _____
PRINT NAME

PROVIDE A DETAILED DESCRIPTION OF THE EDUCATIONAL ACTIVITIES YOU WILL BE PARTICIPATING IN DURING THIS ELECTIVE:

FACULTY PRECEPTOR'S SIGNATURE: _____ DATE: _____
REQUIRED

π EXTRAMURAL (Off-Campus) ELECTIVE TITLE: _____

Is this an INTERNATIONAL ELECTIVE? NO YES

INSTITUTION: _____
 Note: If institution is NOT affiliated with an LCME accredited (US) medical school, description of activities must be completed above.

DEPT: _____ FACULTY PRECEPTOR: _____

ADDRESS EVALUATION FORM TO BE SENT: _____

TELEPHONE NUMBER: _____

FAX #: _____ E-MAIL ADDRESS: _____

REQUIRED FOR ALL TRANSACTIONS

SUNY DOWNSTATE DEPARTMENT CHAIR: _____ DATE: _____
(OF CORRESPONDING DEPARTMENT AT SUNY DMC) SIGNATURE

CLINICAL ASSISTANT DEAN SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

FOR OFFICE OF THE REGISTRAR USE ONLY

ENTERED ON DATABASE _____	COURSE NUMBER ASSIGNED: _____	STAFF INITIALS _____
ORIGINAL REGISTRAR _____	STUDENT - YELLOW _____	CLINICAL ASST DEAN - BLUE _____
		09/2016