

M3 Elective Course

EDMD9315 AND EDMD9320

The Brody School of Medicine at East Carolina University
Greenville, North Carolina 27834

It is the student's responsibility to make sure that the elective paperwork is submitted to Student Affairs in a timely fashion (2 months in advance). If you are unable to meet this timeframe, please contact Student Affairs to discuss barriers.

SELECT ONE: After OB/GYN _____ After PSYCHIATRIC MED _____

Please **Print/Type** the Following Information

Student's Name: _____

Title of Elective: _____

Brody Course Number (if applicable): _____

Name of Primary Preceptor: _____

PRECEPTOR'S EMAIL FOR EVALUATION: _____

Address/Location of Elective: (Name of Location) _____

(Street/PO Box) _____

(City/State/Zip) _____

Telephone Number: _____ **Fax Number:** _____

Duration of Course: 2 WEEKS **Dates:** from _____ to _____

Report To (address and time to report on day one) _____

Overall Course Goal:

Educational Objectives: (Min of 3)

1.

2.

3.

Reading Course Readings:

The following materials will be used:

Describe the course activities:

- Lectures, clinics, conferences to be attended?
- In what location will students be observed on this elective?
- How will students receive mid-course, formative feedback of their performance?
- Oral presentation, written assignments required?
- Research requirement?

Describe “On Call” requirements, if applicable (including specific duty hours):

Describe how student performance will be assessed and how the course grade will be determined:

Please provide any other pertinent information below:

 I certify that this course will be directed by the identified Course Director or Preceptor, who is a member of the faculty of the Brody School of Medicine or has otherwise been approved to direct this activity. I also certify that the department will provide the needed resources to conduct this rotation.

Site Preceptor/Director Signature: _____ Date _____

Student Signature: _____ Date _____

Please return completed form to:

The Brody School of Medicine at East Carolina University
 Office of Student Affairs 2S-20
 Mailstop 613
 Greenville, NC 27834

Telephone: (252) 744-2278

Fax: (252) 744-3250

Email: albrighte@ecu.edu

For office use only

Date Submitted: _____

M3 Curriculum Committee Signature: _____ Date _____