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| M3 Career Exploration Elective Registration Form |

**A completed form must be submitted**

**no less than 60 days prior to the anticipated start date of the elective**

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| **Student Name and Banner ID** | **Click or tap here to enter text.** |
| **Date Submitted** | **Click or tap to enter a date.** |

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| **Course Name**  | Click or tap here to enter text. | **Course Number** | Click or tap here to enter text. |

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| **Course Code** | EDMD 9320 (After OB/GYN) [ ]  EDMD 9315 (After PSYCH) [ ]   |

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| **Course Start Date** | Click or tap to enter a date. | **Course End Date** | Click or tap to enter a date. |

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| **Preceptor Name**  | **Click or tap here to enter text.** |

**Preceptor Certification Statement**

*By entering my name below I certify that I am the identified Course Director or Preceptor, or the Coordinator assigned to the course. I certify that there is space available for the M3 student within the specified rotation.*

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| **Preceptor/Coordinator Signature** | **Click or tap here to enter text.** |
| **Date** | **Click or tap here to enter text.** |

**Student Certification Statement**

*By entering my name in the box below I certify that I will be supervised by a licensed physician or doctoral level instructor who is not an immediate family member. I also certify my acknowledgement of my continued adherence to the Brody school of Medicine Code of Student Conduct during this rotation.*

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| **Student Signature** | **Click or tap here to enter text.** |
| **Date** | **Click or tap here to enter text.** |

*\*Submit completed form to the Lisa Dozier (dozierl@ecu.edu). All forms should be submitted electronically and in Word format.*

*\*\*Incomplete forms will not be accepted. Any form missing information will be returned for completion.*

*For Internal Use Only:*

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| **CCC or Subcommittee Approved Date** | **Click or tap to enter a date.** |