

**ON-CAMPUS ELECTIVE ROTATION APPLICATION**

Completed form must be returned to the Education Office (OP-30) before your elective begins.

Resident's Name: \_\_\_\_\_

Name of Elective: \_\_\_\_\_

Dates of Elective: From \_\_\_\_\_ To \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number (Where you can be reached Mon-Fri) \_\_\_\_\_

**GOALS/OBJECTIVES** (related to your Career Plans):

**DESCRIPTION OF ELECTIVE:**

**Instructions:** Complete the grid below indicating the times, location, and content of elective activities. Please account for all time between 8 AM and 5 PM, as elective rotations may be subject to audit.

	MON	TUES	WED	THURS	FRI
A.M.					
P.M.					

***All activities listed on this form are covered by existing Institutional Educational Agreements or applicable agreements have been attached herewith.***

Approved \_\_\_\_\_

Date \_\_\_\_\_

Residency Program Director