

**UCSF Department of Medicine
Research/Non-Standard Clinical Elective Proposal**

This form must be submitted to the Residency Office, M-987, at least three months prior to the start date of the rotation. **Please note that residents are allowed a max of 3 months of non-internal medicine time (research) during their 3 years of residency.** The TCR course (formerly known as Oracle) is considered research months which are counted toward the 3 month maximum.

Resident: _____	Level: _____
Proposed Activity: _____	

Proposed month(s) of experience: _____	
Proposed vacation during experience: _____	Total number of weeks: _____
(Dates)	

FUNDING:	
Off-site Experience, Non UC-Salary Support: _____	(Please describe)
On-site Non-Standard “Clinical” Elective (Designer):	
Number of months funded by hospital: _____	Which Site: _____
On-site Research Only “Non-Clinical” Elective:	
Number of months funded by hospital: _____	Which Site: _____
Number of months funded by sponsor: _____	

EDUCATIONAL OBJECTIVES:	
The educational goals of this rotation are:	
1.	_____

2.	_____

3.	_____

4.	_____

EDUCATIONAL METHODS: (Brief outline how your time will be structured, and how you will obtain the educational objectives, e.g. specific assigned readings, conferences, supervised clinical or research experience.)	

(Educational Methods continued)

(Attach additional pages if necessary)

OUTCOME OR PRODUCT (must be completed by the end of the academic year):

- Noon presentation to Housestaff
- Poster required at Department Research Symposium in May. Please initial that you understand poster requirement _____
- Other formal presentation of research
Describe: _____
- Written material
Describe: _____
- Manuscript suitable for publication

Faculty Sponsor: _____ (please print)

As the faculty sponsor for the elective, I agree to supervise the above resident , and ensure that the resident:

- A.) meets the educational goals as described above,
- B.) completes his/her outcome of experience,
- C.) is formally evaluated by me.

Signature

Program Director Approval:

I have reviewed the above and I fully support and approve the resident's proposed elective experience.

Signature

Return completed form (along with any other descriptions of your plans) to the Residency Office (Room M987) at least three months prior to the start of your rotation.