

Elective Approval

For Off-Campus Electives in the U.S.

The Office of Medical Education at Stony Brook University School of Medicine requires that medical students complete the Elective Approval form and submit it prior to starting ANY rotation at an off-campus site. Before the student can be registered for the rotation, the following must occur in this sequence. This form enables the school to meet NYS and LCME requirements.

To contact the Office of Medical Education:
Fax 1-631-444-9521 **Phone** 1-631-444-1030
The Office of Medical Education
Stony Brook Univ. School of Medicine
Stony Brook, NY 11794-8432

1. Students complete Part 1 of the form. This includes writing measurable learning objectives for the elective (e.g. At the end of the elective, the student will be able to.....), as well as a description of the role and responsibility of the student while at the off campus site.
2. If the student wants this elective to satisfy the Neurology or Radiology requirements for graduation, the student asks the course director of the appropriate course to sign Part 2 giving permission for this to occur.
3. Students check the web at https://cbase.som.sunysb.edu/cbase2/public/course_info/affiliate_info.cfm to see if an affiliate agreement is in place. If an agreement is in place, SUNY will provide liability insurance for the student while at the site *as long as the away site signs the Approval form.*
4. Drop off paper elective applications (not using VSAS) with all supporting materials, including the Elective Approval form to Bonnie in the OME. The Assistant Dean for Medical Education will review and complete applications before materials are sent to a site to request an elective.
5. If you are using VSAS to apply to a U.S. Medical School elective, you still have to submit an Elective Approval form before you begin the rotation. You will receive logon information about VSAS in your official email account, and you must directly logon to VSAS to set up the elective application process. In this case, the Assistant Dean will receive an email notification to authorize your application and upload a transcript. If documentation of immunizations and other health records are required by the site, the student scans them to VSAS.

Once an elective is offered to you:

1. If a new agreement will be negotiated, the student is strongly advised to set up a backup rotation in the event that negotiations do not reach an agreement in time for the rotation to begin. You should drop or delay the elective if no agreement is in place and/or no offer of acceptance is made by 30 days prior to the start date of the elective.
2. If an agreement is already in place or is newly negotiated successfully, the student asks the site to sign the Elective Approval form.
3. Once the site has signed, the Approval form must be submitted to OME in order for the student to be registered and receive credit for the elective. This must be done 30 days **prior** to starting a rotation.

It can take several months for an agreement to be negotiated. If the agreement is not in place by 30 days prior to the start date of the elective, or the student has not received an offer of an elective by then, the student must cancel or postpone the off campus elective and take the backup elective instead. Although every effort will be made for the timely execution of agreements, your submission of a request does not guarantee that an agreement will result in time for the elective to occur. Please plan accordingly. A minimum of a 4 month lead time for an agreement request is recommended but not guaranteed as sufficient.



Elective Approval

Please print or type all information.

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PART I: Elective Contact Information, Learning Objectives and Description

Student's Name _____ Today's Date _____

Supervisor's Name and Title (person who will supervise you at the site) *Please print:*

Official Site Name _____

Official Mailing Address for the Site:

Name and Email address of the elective coordinator at the site:

Site Phone Number () _____ Site Fax Number () _____

Title of Elective _____ Department _____

Total hours of supervision per week _____ Number of weeks _____

Elective Period: Start date _____ End Date _____

This elective has the following behavioral learning objectives (Objectives should be measurable):

- 1.
- 2.
- 3.
- 4.

A general description of student's responsibilities and duties while at elective site (an official description of the off campus rotation can be attached to the form):

Requesting a new affiliate agreement? YES _____ NO _____

Check here if you applied using VSAS _____

Office use only

Assistant Dean for Medical Education approves. YES _____ NO _____

Assist. Dean Signature _____ Date _____

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Student's Name _____

Site _____

PART 2: For Neurology, MCS IV or Radiology approval

This elective fulfills the Neurology or Radiology requirement for the 4th year.

Signature of Dr. Cara Harth, Neurology

Signature of Dr. Robert Matthews, Radiology

PART 3: Liability Insurance Information

One of the following *must* be signed *before the site supervisor signs*:

To be completed in the OME:

Rotation Site/Official Address _____

1. A confirmed affiliate agreement exists for this site as of this date and will be in effect while the student rotates at this site.

OME initial Date

2. An affiliate agreement is being negotiated for this site and will be confirmed by 30 days prior to the start of this rotation, or the student will drop the rotation and take a back up rotation which the student has set up at an affiliated site.

OME initial Student Signature Date

3. The student will be attending an unaffiliated site. The student is aware that there is no liability coverage available while he/she rotates at this site and has signed a liability waiver form, which is on file in the Office of Medical Education. The site has been notified that there is no liability insurance for the student while he/she rotates there. (This form will be sent to the site and functions as notification of liability insurance coverage status.)

OME initial Student Signature Date

PART 4: Off Campus Site Approval

A student evaluation form will be provided by the student or the student's home school. It should be returned to the Office of Medical Education, Stony Brook School of Medicine, Stony Brook, NY 11794-8432 **within two weeks** of the completion of this elective. *Please make sure the Liability Insurance Information on Part 3 of this form has been completed. Your signature below affirms that you are aware of the status of liability coverage for this student for this rotation and offer this elective to the student. If there is no signature in Part 3, please call our office at 631-444-1030 for the status of liability coverage for this site.*

The site offers this elective to this student during the time period designated above.

Signature of Site Supervisor (required) _____

Please fax pages 1 & 2 of this form to 631-444-9521 after signing. Thank you.

PART 5: Student Acceptance of Elective: I will complete this elective.

(Student Signature)