Elective Approval
For International Electives

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 a rotation at any international site. Before the elective can be added to a student’s profile, the following must occur in this sequence.

1. The student completes 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 international 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. All international electives must be approved by the Associate Dean for International Programs prior to contacting the site. (Call 444-1291 for an appointment with Dr. Shanley)

Once approval is granted:
1. Waivers must be signed before the Elective Approval form is sent to the site for signature. (Call 444-1030 for an appointment with Dr. London).
2. After waivers are signed, ask the site to sign the Elective Approval form and return it to the Stony Brook OME office by 30 days prior to the start of the rotation. The form may be faxed.
3. Complete the ITP (International Travel Policy) forms. Submit the forms to the Office of International Studies in the Melville Library on west campus. Follow instructions on the ITP forms. Make a copy of the Permission to Release Information page. Give one copy to OME and include the original in the paperwork that you submit to the Office of International Studies.
4. Purchase MEDEX and international health insurance at Student Health Services (Leta Edelson’s office)
5. Check the US Travel Warning Web pages to be sure your site is not on the list. If your site is put on the list while your application is being processed, please see Dr. Shanley.
STONY BROOK  
School of Medicine

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Please print or type all information.

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. At the end of this rotation, the student should be able to…

1.

2.

3.

4.

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

Associate Dean for International Programs approves. YES_____   NO_____
Signature _____________________________ Date ________________
PART 2: For Neurology 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

3. The student will be attending an unaffiliated site in a foreign country. 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: International 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)