

Elective Approval For International Electives

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

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
STATE UNIVERSITY OF NEW YORK **Medicine**
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For International Electives

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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 _____

