M3 Elective Course
EDMD9315 AND EDMD9320
The Brody School of Medicine at East Carolina University
Greenville, North Carolina 27834

It is the student’s responsibility to make sure that the elective paperwork is submitted to Student Affairs two months prior to the start of the clerkship. If you have not arranged an elective independently by this deadline, you will have one week to select a course from the M-4 catalog and negotiate with necessary partners.

SELECT ONE: After OB/GYN _____ After PSYCHIATRIC MED _____

Please Print/Type the Following Information

Student’s Name: ________________________________________________

Title of Elective: ______________________________________________

Brody Course Number (if applicable): __________

Name of Primary Preceptor: ______________________________________

PRECEPTOR’S EMAIL FOR EVALUATION: ___________________________

Address/Location of Elective: (Name of Location) _______________________

(Street/PO Box) ________________________________________________

(City/State/Zip) ________________________________________________

Telephone Number: __________________________ Fax Number: __________

Duration of Course: 2 WEEKS Dates: from __________ to __________

Report To (address and time to report on day one) __________________________

_________________________________________________________________

Overall Course Goal:

Educational Objectives: (Min of 3)

1. _______________________________________________________________________

2. _______________________________________________________________________

3. _______________________________________________________________________

Reading Course Readings:
The following materials will be used:
Describe the course activities:
• Lectures, clinics, conferences to be attended?

• In what location will students be observed on this elective?

• How will students receive mid-course, formative feedback of their performance?

• Oral presentation, written assignments required?

• Research requirement?

Describe “On Call” requirements, if applicable (including specific duty hours):

Describe how student performance will be assessed and how the course grade will be determined:

Please provide any other pertinent information below:

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I certify that this course will be directed by the identified Course Director or Preceptor, who is a member of the faculty of the Brody School of Medicine or has otherwise been approved to direct this activity. I also certify that the department will provide the needed resources to conduct this rotation.

Site Preceptor/Director Signature: __________________________________________ Date __________
Student Signature: __________________________________________________________ Date __________

Please return completed form to:

The Brody School of Medicine at East Carolina University
Office of Student Affairs 2S-20
Mailstop 613
Greenville, NC 27834

Telephone: (252) 744-2278  Fax: (252) 744-3250  Email: albrighte@ecu.edu

For office use only
Date Submitted: ________________
M3 Curriculum Committee Signature: __________________________________________ Date __________