



# UC IRVINE SCHOOL OF MEDICINE OFFICE OF GRADUATE MEDICAL EDUCATION

## ELECTIVE ROTATION APPLICATION (UC IRVINE RESIDENTS/FELLOWS APPLYING TO NON-UC IRVINE AFFILIATED TRAINING SITE FOR AN ELECTIVE)

### RESIDENT/FELLOW APPLICATION

The University of California, Irvine SOM supports house officer elective rotations (electives) at UC Irvine when those rotations support an educational need of the house officer. The University will provide salary, benefits and medical liability coverage during that time. The Residency Program will provide educational credit, based upon the same criteria of educational enhancement, not generally available at UCI. In order to obtain medical liability coverage, salary/benefits and academic credit, you must complete an application process. This document serves as that application. **The maximum length of an elective is one month.**

All elective applications are processed and approved by the program. Please submit your completed application to \_\_\_\_\_ for program director review and signature.

Program Coordinator: Please submit the program approved Elective Rotation Application for UCI Trainees to Courtney Strayer, Director of Graduate Medical Education at [cstrayer@uci.edu](mailto:cstrayer@uci.edu). GME will review and provide final authorization. Please allow 6-8 weeks for processing.

#### UCI Resident Information

<b>Name:</b>	<b>Pager Number:</b>
<b>PGY Level:</b>	
<b>Training Program Name:</b>	
<b>Name of Training Program Coordinator:</b>	

#### Requested Rotation Information

<b>Name of Rotation:</b>
<b>Requested Dates of Rotation:</b>
<b>Name of Site Institution:</b>
<b>Name of Site Training Program:</b>



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<b>Address:</b>	
<b>Administrative Contact:</b>	
<b>Administrative Contact Phone Number/Email:</b>	
<b>Goals and Objectives:</b> Educational Rationale for this elective rotation.	
1. _____ _____ _____	
2. _____ _____ _____	
3. _____ _____ _____	
4. _____ _____ _____	
<b>Site Program Director Information</b>	<b>Name:</b> _____
	<b>Title:</b> _____
	<b>Site Program Director Signature:</b> _____
	<b>Date:</b> _____



## UC IRVINE SCHOOL OF MEDICINE OFFICE OF GRADUATE MEDICAL EDUCATION

<b>Site Program Supervising Faculty</b>	I agree to supervise the above named resident during the elective and submit the required evaluation of performance by this resident.	<b>Supervisor Faculty Signature:</b>   <b>Date:</b>
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<b>UCI Departmental Approval Program Director</b>	I agree with the educational rationale and the importance of this elective rotation. The sponsoring program will provide educational credit for this rotation.	<b>UCI Program Director Signature:</b>   <b>Date:</b>
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<b>UCI Office of GME Approval</b>	<b>Director of Graduate Medical Education:</b>   <b>Date:</b>
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*Please note: We do not accept electronic signatures on this form.*