**New or Revised Phase 2/3 *CLINICAL* ELECTIVE ROUTING SHEET**

**Academic Year – 2021-2022**

**CAMPUS: DEPARTMENT:**

**ELECTIVE TITLE: COURSE NUMBER:** 9\*\*\*

 **(91-Bismarck, 92-Fargo, 93-Grand Forks, 94-Minot, 95-ALL)**

**DEPT/CAMPUS CONTACT:** **DATE:**

**Department Educational Director:**

**Please Circle One*: A.) NEW*** *Clinical Elective* ***B.)*** ***NEW Section*** *of Clinical Elective #: \_\_\_\_\_\_\_\_\_*

 ***C.)******REVISED*** *Clinical Elective* ***D.) Adding Course #\_\_\_\_\_\_\_\_\_\_****to Another Campus*

[ ]  ***Check here if applying approved course description to other courses, please list courses below:***

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**INSTRUCTIONS:**

When preparing the New or Revised 4th Year (Phase 2/3) Clinical Elective Form, ensure that:

[ ]  The elective description is accurate,

[ ]  The elective description meets UMEC approved formatting (see attached example),

[ ]  Faculty appointments are approved and up to date, and

[ ]  Ensure there is an affiliation agreement in place; if not: Contact Dr. Zelewski

[ ]  If the course is a revision, please highlight the changes

[ ]  Submit the FINAL *Word format version* to shae.carlson@UND.edu in Education Resources.

* Education Resources will forward the course to the Elective Review Group.
* The Elective Review Group will notify department of any suggested changes. Once the department responds back to the Elective Review Group, the course will be forwarded to P2P3C and UMEC for approval.
* After committee approval, Education Resources will route through DocuSign for all 4 signatures with the administrators of the department, campus and SMHS Student Affairs to receive the final signed version.
* Education Resources will submit an official spreadsheet request for official course number as needed.
* Education Resources will notify department of new course number, update LEO and website.

***Note:*** *The course number will be assigned by the Office of Record (Student Affairs)* ***AFTER*** *elective approval process is completed (Education Resources will submit this after UMEC approval). Education Resources will email departments and campuses of completed course number.*

**FOR EDUCATION RESOURCES USE ONLY-----------------------------------------------------------------------------------------------------**

[ ]  Reviewed by the Elective Review Group Course Credits: \_\_\_\_\_\_\_\_\_

**Action recommended:** [ ]  Return to Department for additional edits [ ]  Forwarded to P2P3C w/ recommendation to approve

[ ]  Affiliation Agreement Verified [ ]  Faculty Appointment Verified

[ ]  Submit to P2P3C for approval Date(s) reviewed/approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Forward to UMEC for approval & chair signature Date(s) reviewed/approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Submit to Department Chair, Campus Dean, UMEC Chair and Senior Associate Dean for Medicine & Research for Signature through DocuSign

[ ]  Submit official signed copy to Student Affairs through DocuSign (SMHS Office of Record)

[ ]  Submit course spreadsheet request to Student Affairs [ ]  Course number received from Student Affairs

[ ]  Notify Home department/campus of new course # [ ]  Post on UND SMHS Website [ ]  Input into LEO



**Phase 2/3 Elective Description**

**Campus: Department:**

**Elective/Experience Title: Course Number:** 9\*\*\*

**Location of Elective:**

**Preceptor(s): Course Prerequisites:**

**Period(s) Offered: Revised Curriculum Phase(s):**

**Number of students per period:**

**Purpose:**

**Objectives:** Following successful completion of this elective, the student will be able to:

1.

2.

3.

4.

5.

6.

7.

8.

**Instructional Activities:** During this elective, the student will be involved in/experience:

1.

2.

3.

4.

5.

**Criteria for Grading**: During and following this elective, the preceptor will:

1. Utilize the standardized UNDSMHS senior elective evaluation form.  *(This needs to be listed on each elective description*.)

2.

3.

4.

5.

6.

7.

8.

**Elective Course: \_\_\_\_\_\_\_\_\_\_\_\_ (Continued from previous page)**

**Signatures: (this page purposely left as its own)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Department Chairman Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Campus Dean Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Chair, Undergraduate Medical Education Committee (UMEC)** **Date**

***Asst. Dean for Medical Curriculum***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Senior Associate Dean for Medicine and Research Date**