

## Away Elective Application Form

**Please return completed paperwork to:**

Medical School Registrar

Augusta Webster Office of Medical Education, Ward Building 1-003; 303 East Chicago Avenue, Chicago, IL

60611 Fax: (312) 503-0715 or FSM\_Records@northwestern.edu

**Please Note:** This form must be completed at least four weeks prior to the beginning of rotation. A completed assessment is required for credit.

*Except under compelling circumstances, the required senior sub-internship, two-week PMR, four-week ER and four-week ICU clerkships must be completed within the Northwestern system.*

- Request credit for an away elective (U.S.) at an LCME-accredited institution
- Request credit for an away elective (U.S.) at a non-LCME-accredited institution  
*(supplemental form required – see page 2)*
- Request credit for an away elective (International)  
*(supplemental form required – see page 2)*
- Request credit for an elective at NUFSM outside of the clerkship catalog

\_\_\_\_\_  
Student name

\_\_\_\_\_  
Rotation Dates

\_\_\_\_\_  
Number of Weeks

\_\_\_\_\_  
Away elective institution & department

\_\_\_\_\_  
Away elective department address

\_\_\_\_\_  
Away elective primary preceptor

\_\_\_\_\_  
Away elective coordinator

\_\_\_\_\_  
Away elective coordinator email

\_\_\_\_\_  
Away elective coordinator phone

\_\_\_\_\_  
Title and description of elective, clerkship, or independent study (please also attach course description)

I have reviewed the proposed elective and believe its content is in line with the overall goals of the medical program (<https://www.feinberg.northwestern.edu/md-education/docs/curriculum/FSM-Competency-Standards-CURRENT.pdf>) and should be granted elective credit.

\_\_\_\_\_  
Dean or Registrar's Signature (required)

\_\_\_\_\_  
Date

## Supplemental Elective Form

This form must be completed for elective rotations at sites unaffiliated with an LCME-accredited medical school. **Please complete the attestation items below, and submit all documents to the Registrar at least 60 days prior to the start of the proposed elective**

- I have reviewed the requirements.
- I have submitted the Away Elective Application Form (*page 1*) and description of proposed elective (may be course description or letter from potential instructor).
- I have completed the Institute for Global Health's pre-departure requirements.

\_\_\_\_\_  
Date completed

- I have investigated health care options for both ongoing and new conditions that may arise.

Students should ensure that they have considered health needs during an away rotation. Common factors to consider include continuing care for chronic conditions (including medications and supplies) and developing a plan in case the student needs to seek care for a new health issue.

In case of emergency (such as illness, injury, or accidental exposure), where will you seek care and/or assistance?

\_\_\_\_\_  
Medical facility name and address

\_\_\_\_\_  
Distance from elective site

\_\_\_\_\_  
Transportation options to medical facility (e.g. ambulance, private car, public transportation, ride-share)

- I understand how to get my performance assessment.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date