

2019-2020 Request Form for New Clinical CourseSubmit no later than 30 days prior to the first day of the proposed course.**RETURN FORM TO:**Mike Belue
Undergraduate Medical Education
Suite 201 office D
mbelue@uab.edu

COURSE NAME	
DEPARTMENT	
CAMPUS	
COURSE TYPE	
*** Acting Internships can only be built in consultation with the Associate Dean for Undergraduate Medical Education	

1. Indicate the duration of the course, check all that apply:

<input type="checkbox"/>	2 weeks (Available for Elective courses ONLY)
<input type="checkbox"/>	4 weeks (Available for all courses)

2. Indicate when the course will be offered, the following list depicts Academic Year 2019-2020:

	Course offered ALL sub-blocks (4 week option)			Course offered ALL sub sub-blocks (2 week option)	
	Ia	6/24/19 – 7/21/19		6/24/19 – 7/7/19	7/8/19 – 7/21/19
	Ib	7/22/19 – 8/18/19		7/22/19 – 8/4/19	8/5/19 – 8/18/19
	IIa	8/19/19 – 9/15/19		8/19/19 – 9/1/19	9/2/19 – 9/15/19
	IIb	9/16/19 – 10/13/19		9/16/19 – 9/29/19	9/30/19 – 10/13/19
	IIIa	10/21/19 – 11/17/19		10/21/19 – 11/3/19	11/4/19 – 11/17/19
	IIIb	11/18/19 – 12/15/19		11/18/19 – 12/1/19	12/2/19 – 12/15/19
	IVa	1/6/20 – 2/2/20		1/6/2020 – 1/19/20	1/20/20 – 2/2/20
	IVb	2/3/20 – 3/1/20		2/3/20 – 2/16/20	2/17/19 – 3/1/20
	Va	3/2/20 – 3/29/20		3/2/20 – 3/15/19	3/16/20 – 3/29/20
	Vb	3/30/20 – 4/26/20		3/30/20 – 4/12/20	4/13/20 – 4/26/20
	VIa	5/04/20 – 5/31/20		5/04/20 – 5/12/19	5/13/19 – 5/31/20
	VIb	6/1/20 – 6/28/20		6/1/20 – 6/14/19	6/15/19 – 6/28/20

3. State course capacity:

Minimum	Maximum

4. If this is a one-time experience for a single student or is student-designed, include student name(s) below:
STUDENT(S):

5. Clerkship Prerequisites for this course should be:

☐ Family Medicine

☐ Medicine

☐ Neurology

☐ Ob/ Gyn

☐ Pediatrics

☐ Psychiatry

☐ Surgery

6. Facility and Location:

a. Where should the student(s) report on the first day:

Building:

Room:

Time:

7. Course Description & Format (details of designated course specialty & learning activities available to student):

8. Learning Objectives (Guidelines for writing learning objectives http://usagso-sg.tripod.com/22_learning_objectives.pdf):

9. Requirements (The student requirements must align with the overall learning objectives):

10. Assessment (How will you verify the student has met the course objectives?)

11. General schedule of planned activities

12. Course Contacts:

Course Director:

Course Director Name:

Course Director Department:

Email:

Phone:

Co-Course Director:

Course Director Name:

Course Director Department:

Email:

Phone:

Grade & Schedule Contact (Responsible for receiving grade forms and submitting, will also receive course rosters):

Name:

Email:

Phone:

- 13. Course Director:** By signing below the Course Director verifies to the best of their knowledge that the student is completing the proposed activities/assignments as stated on the form in the timeframe indicated.

Course Director Initials: I am responsible for grade submission

Course Director Initial: I am responsible to update the course catalog if course logistics or offerings change. These changes must occur before January for the following academic year offerings which begin around July 1st each year

Please make note: Grade submission/Catalog change queries should be directed to scheduler@uab.edu

Signature of **Course Director/Faculty** (Must be UASOM Faculty)

Date

- 14. Student:** By signing the student agrees to complete the proposed activities/assignments as stated on the form in the timeframe indicated.

Signature of **Student** (ONLY if student-designed)

Date

15. COURSE APPROVED FOR TEACHING IN THE DEPARTMENT BY:

Signature of **Department Chair** (only if faculty designed)

Date

16. COURSE APPROVED BY:

Signature of **Associate Dean for Undergraduate Medical Education**

Date