2017-2018 Request Form for New Clinical Course

Form must be submitted no later than 30 days prior to the first day of the proposed course.

RETURN FORM TO:
Kevin Leon, MD
Associate Dean for UME
Volker Hall, Room 201
kleon@uabmc.edu

<table>
<thead>
<tr>
<th>COURSE NAME</th>
<th>DEPARTMENT</th>
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<tbody>
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<table>
<thead>
<tr>
<th>CAMPUS</th>
<th>COURSE TYPE</th>
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<tbody>
<tr>
<td>Birmingham</td>
<td>Elective (EL)</td>
</tr>
<tr>
<td>Huntsville</td>
<td>Al***</td>
</tr>
<tr>
<td>Tuscaloosa</td>
<td>3rd Year Elective</td>
</tr>
<tr>
<td>Montgomery</td>
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***If this course is considered an Acting Internship (AI), choose all that apply:
- Medicine (MI)
- Ambulatory (AI)
- Surgery (SI)
- Critical Care (CI)
- Elective (EA)

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

- 2 weeks (Available for Elective courses ONLY)
- 4 weeks (Available for all courses)

2. Indicate when the course will be offered, the following list depicts Academic Year 2017-2018:

<table>
<thead>
<tr>
<th>Course offered ALL sub-blocks (4 week option)</th>
<th>Course offered ALL sub-blocks (2 week option)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ib 7/24/17 – 8/20/17</td>
<td>7/24/17 – 8/6/17 8/7/17 – 8/20/17</td>
</tr>
<tr>
<td>IIb 9/18/17 – 10/15/17</td>
<td>9/18/17 – 10/1/17 10/2/17 – 10/15/17</td>
</tr>
<tr>
<td>IVa 1/1/18 – 1/28/18</td>
<td>1/1/18 – 1/14/18 1/15/18 – 1/28/18</td>
</tr>
<tr>
<td>IVb 1/29/18 – 2/25/18</td>
<td>1/29/18 – 2/11/18 2/12/18 – 2/25/18</td>
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<tr>
<td>Vla 4/30/18 – 5/27/18</td>
<td>4/30/18 – 5/13/18 5/14/18 – 5/27/18</td>
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3. State course capacity:

<table>
<thead>
<tr>
<th>Minimum</th>
<th>Maximum</th>
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4. IF this is a limited experience for a single student or student-designed, include student(s) name(s) below:

STUDENT(S): ____________________________________________________________

5. Elective and AI courses ONLY: If your course accepts visiting medical students (non-UAB), select all that apply:

- Does NOT accept visiting students
- Accept students from US LCME accredited medical schools
- Accept students from Osteopathic schools
- Accept students from international medical schools with TOEFL
- Accept students from international medical schools with NO TOEFL
6. Prerequisites for this course should be:
   
   ______ Medicine & Surgery clerkships plus one other clerkship in the course discipline
   (i.e. Medicine + Surgery + Pediatrics clerkship for an EL or AI course in Pediatrics)
   ______ Other __________________________________________________________

7. Evaluation of student performance is Pass/Fail based on the following, include methods of evaluating:
   
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

8. Facility and Location:
   
   a. Where should the student(s) report on the first day:
      Building: ____________________ Room: ____________________ Time: __________

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

10. Learning Objectives (what the student will gain from this course including knowledge and skills):
    
    ______________________________________________________________________
    ______________________________________________________________________
    ______________________________________________________________________
    ______________________________________________________________________

11. Requirements (what will be required of the student in terms of activities, reading, conferences, call, etc):
    
    ______________________________________________________________________
    ______________________________________________________________________
    ______________________________________________________________________
    ______________________________________________________________________

12. Course Contacts:
    
    **Course Director** (must be a UASOM Faculty member):
    Address: ________________________________________________________________
    Phone: ( ) __________________ Fax: ( ) ___________________ Email: __________
    
    **Co-course Director:**
    Address: ________________________________________________________________
    Phone: ( ) __________________ Fax: ( ) ___________________ Email: __________

   In cases where the actual Course Director is not present for the course a co-director may serve as a liaison to the Course Director to ensure that the student accomplishes the course requirements. For the course to be approved some sort of communication must be established between the course director and the co-director.
   Have the course director and co-director have been in contact?  Yes_______ No_______
Grade & Schedule Contact (Responsible for receiving grade forms and submitting, will also receive course rosters):
Name: ____________________________________________________________
Address: ____________________________________________________________________________
Phone: ( ) __________________ Fax: ( ) __________________ Email: ____________________________

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.

________________________________________________________________________
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

17. FINAL APPROVAL GIVEN BY:

________________________________________________________________________
Signature of Senior Associate Dean for Medical Education Date

<table>
<thead>
<tr>
<th>Scheduling Office</th>
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<tbody>
<tr>
<td>Received:</td>
</tr>
<tr>
<td>Course Catalog:</td>
</tr>
<tr>
<td>Email Confirmation:</td>
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</tbody>
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