

2018-2019 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

COURSE NAME	
DEPARTMENT	
CAMPUS	<input type="checkbox"/> Birmingham <input type="checkbox"/> Huntsville <input type="checkbox"/> Tuscaloosa <input type="checkbox"/> Montgomery (other: _____)
COURSE TYPE	<input type="checkbox"/> Elective (EL) <input type="checkbox"/> AI*** <input type="checkbox"/> 3 rd Year Elective
***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 2018-2019:

	Course offered ALL sub-blocks (4 week option)		Course offered ALL sub sub-blocks (2 week option)	
Ia	6/25/18 – 7/22/18		6/25/18 – 7/8/18	7/9/18 – 7/22/18
Ib	7/23/18 – 8/19/18		7/23/18 – 8/5/18	8/6/18 – 8/19/18
IIa	8/20/18 – 9/16/18		8/20/18 – 9/2/18	9/3/18 – 9/16/18
IIb	9/17/18 – 10/14/18		9/17/18 – 9/30/18	10/1/18 – 10/14/18
IIIa	10/22/18 – 11/18/18		10/22/18 – 11/4/18	11/5/18 – 11/18/18
IIIb	11/19/18 – 12/16/18		11/19/18 – 12/2/18	12/3/18 – 12/16/18
IVa	12/31/18 – 1/27/19		12/31/18 – 1/13/19	1/14/19 – 1/27/19
IVb	1/28/19 – 2/24/19		1/28/19 – 2/10/19	2/11/19 – 2/24/19
Va	2/25/19 – 3/24/19		2/25/19 – 3/10/19	3/11/19 – 3/24/19
Vb	3/25/19 – 4/21/19		3/25/19 – 4/7/19	4/8/19 – 4/21/19
VIa	4/29/19 – 5/26/19		4/29/19 – 5/12/19	5/13/19 – 5/26/19
VIb	5/27/19 – 6/23/19		5/27/19 – 6/09/19	6/10/19 – 6/23/19

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

	<input type="checkbox"/> Does NOT accept visiting students
	<input type="checkbox"/> Accept students from US LCME accredited medical schools
	<input type="checkbox"/> Accept students from Osteopathic schools
	<input type="checkbox"/> Accept students from international medical schools with TOEFL
	<input type="checkbox"/> 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: _____

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

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