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

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COURSE NAME

DEPARTMENT

CAMPUS

□ Birmingham  □ Huntsville  □ Tuscaloosa  □ Montgomery (other: )

COURSE TYPE

□ Elective (EL)  □ AI***  □ 3rd 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:

- 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 2018-2019:

<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>Ia  6/25/18 – 7/22/18</td>
<td>6/25/18 – 7/8/18  7/9/18 – 7/22/18</td>
</tr>
<tr>
<td>Ib  7/23/18 – 8/19/18</td>
<td>7/23/18 – 8/5/18  8/6/18 – 8/19/18</td>
</tr>
<tr>
<td>Ila 8/20/18 – 9/16/18</td>
<td>8/20/18 – 9/2/18  9/3/18 – 9/16/18</td>
</tr>
<tr>
<td>IIa 9/17/18 – 10/14/18</td>
<td>9/17/18 – 9/30/18 10/1/18 – 10/14/18</td>
</tr>
<tr>
<td>IIIa10/22/18 – 11/18/18</td>
<td>10/22/18 – 11/4/18 11/5/18 – 11/18/18</td>
</tr>
<tr>
<td>IIIb11/19/18 – 12/16/18</td>
<td>11/19/18 – 12/2/18 12/3/18 – 12/16/18</td>
</tr>
<tr>
<td>IVa12/31/18 – 1/27/19</td>
<td>12/31/18 – 1/13/19 1/14/19 – 1/27/19</td>
</tr>
<tr>
<td>IVb1/28/19 – 2/24/19</td>
<td>1/28/19 – 2/10/19 2/11/19 – 2/24/19</td>
</tr>
</tbody>
</table>

3. State course capacity:

<table>
<thead>
<tr>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
</table>

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:

- 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)
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
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