

Away Elective Document Request Form

Processing time is 3-5 business days.

Name: _____ ID Number: _____ Class Year: _____

Elective Specialty: _____ Elective Dates: _____

Document(s) Requested: Letter of Good Standing* Elective Application (*attach to this form*) Transcript

Other: _____

Special Instructions: _____

**Confirms academic standing, HIPPA & OSHA training, and malpractice insurance.*

Institution Contact: _____

Institution & Department: _____

Street & Bldg, Rm: _____

City, State & Zip: _____

Delivery Method: Mail Pick Up Fax _____

Email _____

To ensure you receive credit for this away rotation, you must do the following:

- Add yourself in MedOASIS to the corresponding sub-internship rotation (500E), then complete the "Away Elective Info" in the Actions column of your MedOASIS schedule and upload confirmation of acceptance from the away institution (pdf or screenshot) with the institution name, department, and rotation dates.
- Provide the *Student Performance Evaluation Form for Selectives & Electives* to the rotation course director.

I have reviewed the above instructions and understand I will not receive course credit unless all requirements are met.

Signature: _____

Date: _____

Office Use Only	Date Completed:	Initials:
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