DREXEL UNIVERSITY COLLEGE OF MEDICINE
Program Application for New Senior Year Elective or For Elective Review

(Please note: this form must be used for new courses only.)

ALL INFORMATION MUST BE LEGIBLE

Date:

<table>
<thead>
<tr>
<th>Department:</th>
<th>Course Title:</th>
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<tbody>
<tr>
<td>Specialty/Subspecialty:</td>
<td>Proposed Course # (if known):</td>
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<tr>
<th>Course Director:</th>
<th>Course Director e-mail:</th>
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<tbody>
<tr>
<td>Contact Person:</td>
<td>Contact Person e-mail:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Contact Telephone #:</td>
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<tr>
<td>Location of Rotation:</td>
<td>Will accept visiting students?: Yes ☐ No ☐</td>
</tr>
<tr>
<td># Students Per Block:</td>
<td>Duration of Rotation (# of weeks):</td>
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<tr>
<td>Block(s) not offered:</td>
<td>Junior Eligibility: Yes ☐ No ☐</td>
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<tr>
<td>Junior Pre-requisites:</td>
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Educational Information

Supporting Faculty:

Description of Course: Overview of course

Specific Goals: List and number

Specific Objectives: List and number (Objectives should tie into skills and assessment)

Learning Resources: (e.g., Cardiac Noninvasive Laboratory, Cardiac Cath Ctr, 3 Intensive Care Units, Cardiac Rehabilitation Center; Didactic Lectures, Medical Library, Hospital Rounds)
How Clinical Skills and Competencies will be Evaluated

Evaluator(s):

Skills Assessed: (e.g. Giving oral and written feedback, developing a teaching plan, etc.)

Evaluation Process: (e.g. Bedside observations, case presentations, history and physicals, progress notes, etc.)

Method of Grading: Standard Drexel University College of Medicine Senior Evaluation Form

Feedback to Students: Students will receive feedback at the midpoint of the rotation (verbal) and at the end of the rotation (verbal and written) in accordance with DUCOM policy.

Feedback from Students: Students are required to provide feedback via DOCSS. Evaluations are blinded.

Other Information

Location/Time:

Student should report first day:

Language Requirement:

Special Requirements/Night Call:

Room/Board Availability:

Other Information:

For further information on the content of this course, call:

Name:                             Telephone:

Fax#:                             Email:

APPROVALS:

Clinical Site Approvals:                              DUCOM Approvals:

Course Director                             Department Chairperson

Department Chairperson                             Division of Clinical Education (for completeness)

Director of Medical Education, if appropriate                             Phase 3 Clinical Curriculum Subcommittee

Revised 3/14/2018