

**COLLEGE OF MEDICINE
SPECIAL ELECTIVE - CAREER EXPLORATION (CE) APPLICATION**

Student Name: _____ **Student Email (UT):** _____

UT Faculty Name: _____ **Faculty Email:** _____

Campus: Memphis Knoxville Chattanooga Nashville

Length of Elective: 2 weeks 4 weeks

Block: _____ **Start Date:** _____ **End Date:** _____

Academic Department/Division of Proposed Elective: _____

Clinical Site(s): _____

General Description of all Career Explorations: *This is a face to face clinical rotation. This career exploration course (CE) will allow third year medical students to explore this discipline as a potential career choice. Students will be expected to display a fund of knowledge consistent with his/her level of training, demonstrate self-directed learning, thoroughness, consistency and reliability, and relate well to families, team members, and patients. The student's level of patient care responsibility will be determined based on the student's skill level, and at the discretion of the supervising attending.*

Objectives and Description of Proposed Special CE:

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

****If the Special Elective falls under one of the 7 core clerkships, approval must be obtained by the Clerkship Director.***

Clerkship Director Signature: _____ **Date:** _____

SEND COMPLETED FORM TO: jmcadoo3@uthsc.edu and wdabbs@utmck.edu for approval.

For Office of Medical Education Use Only

UT Faculty status verified by Signature: _____ **Received by Date:** _____

Approved by Signature: _____ **Date:** _____