

UNM Family Medicine Residency: Elective Information, Proposal and Approval Form

Please Note: ALL areas must be complete

Resident		Rotation Preceptor		<i>Admin Use</i>
Elective		Email		<i>GME Ed Agreement</i>
Dates		Phone		<i>Preceptor Agreement</i>
				<i>Resident Eval</i>
				<i>Faculty Eval</i>

PRECEPTOR SIGNATURE [needed in order to be approved]:

Signature: _____

Date: _____

Proposed Schedule

<ul style="list-style-type: none"> All half days Mon-Fri must be accounted for. If you are adding activities (not call) on weekends, you can remove some time from the week to compensate Local electives must average 4 personal clinic sessions per week unless an exception is granted 								
		Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Week 1	AM							
	PM							
Week 2	AM							
	PM							
Week 3	AM							
	PM							
Week 4	AM							
	PM							
Week 4, continued	AM							
	PM							

Educational Goals and Objectives

Patient Care	
Medical Knowledge	
Practice-Based Learning and Improvement	
Interpersonal and Communication Skills	
Professionalism	
Systems-based Practice	

Resident Signature: _____ Date: _____

FM Program Director Approval: _____ Date: _____