



Albert Einstein College of Medicine

Office of the Registrar  
1300 Morris Park Avenue  
Belfer Building, Rm 210  
Bronx, NY 10461

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## Personalized Career Plan for External Electives Form (MD)

All students planning on completing an external elective must submit a form and a course description for **each** elective. All electives **MUST** be four weeks in duration; electives less than four weeks **MUST** be approved by the Deans for Students. Final approval of an elective will be granted only when completed forms have been submitted. **Final registration of the elective will be completed once the student provides an official acceptance notification from the Host Medical School to the Office of the Registrar.** A Performance Evaluation Form must be completed by the elective course director and returned to the Registrar's Office within 4 weeks of the completion of the elective.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Banner ID \_\_\_\_\_  
Last First

### Academic Reasoning for Elective

1. List your three learning objectives for this elective:

2. Personalized academic goals for completing this elective (*Check all that apply*):

- Current likely choice of specialty
- Consistent with personal career goals
- Enhance technical and clinical skills in specified area Interested in non-career specific experience
- Interested in international experience
- Interested in geographic region
- Other: \_\_\_\_\_

### Elective Course

Elective Title: \_\_\_\_\_

Host Medical School/Hospital: \_\_\_\_\_

Tentative Starting Date: \_\_\_\_\_ Tentative Ending Date: \_\_\_\_\_

*Please complete front and back.*

Office Use Only: # _____ Module: _____ CRN #: _____
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Contact information of elective director/elective coordinator that will be completing your Performance Evaluation form:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Supporting Documentation**

**VSAS Applications:** The Office of the Registrar will verify the following information on VSAS:

- HIPPA
- Infection Control
- BLS
- Personal Health Insurance
- Liability Insurance
- Good Standing
- Completed a pre-matriculated background check
- Passed Step 1

**A transcript will be uploaded into VSAS upon receipt of this form, a course description and submission of the online application. Students are responsible for uploading Immunization Forms and all other supplemental documentation unless otherwise indicated by the Host Institution.**

Paper Applications: Please indicate below the documents needed to complete the attached paper application. All paper applications will include proof of professional medical malpractice insurance.

- Copy of your Personal Insurance Card (**Student must provide a copy to Registrar’s Office**)
- Immunization Records (**Student must provide a copy to the Registrar’s Office**)
- BLS/CPR Card Transcript
- Letter of Good Standing HIPAA Certification
- New York State Infection Control (Student must provide a copy to the Registrar’s Office)
- Other: \_\_\_\_\_

Requested supporting documentation and application should be mailed to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please complete front and back.*

Office Use Only (Approval):			
_____	_____	_____	_____
Dean of Students	Date	Registrar	Date