

LSUHSC-S Family Medicine Residency in Alexandria
ELECTIVE APPLICATION

***** YOU MUST COMPLETE ALL SECTIONS OF THIS FORM IN FULL *****

This form must be submitted at least **30 days in advance** of the proposed elective. Turn in the completed form, with the supervising physician's signature, to the residency coordinator.

RESIDENT:	
BLOCK:	DATES:
SUPERVISING PHYSICIAN:	
SPECIALTY:	

LIST FIVE LEARNING OBJECTIVES FOR THE ROTATION.

1. _____
2. _____
3. _____
4. _____
5. _____

LIST READING RESOURCE(S) FOR THE ROTATION. Include names of books; if portions of a book, indicate chapter numbers and titles; provide references of journal articles.

1. _____
2. _____
3. _____
4. _____

Resident's Signature

Date

Supervising physician: My signature below indicates that the resident has discussed the rotation with me, and that I agree to supervise the resident for the indicated time frame and stated learning objectives.

Supervising Physician's Signature

Date

Program Director's Signature

Date