

Internal Medicine Training Program
Clinical Elective Request Form

Resident Name:

Current PGY Level:

Elective Type:

* For research electives, please use the Research Proposal Form

Focus of Elective (e.g. Cardiology, Rheumatology, etc.):

Academic Year:

Block of Elective:

City of Elective:

Hospital Site of Elective:

University Affiliation of Elective:

Supervisor Name:

Supervisor Email Address:

Elective Description:

Additional Information:

Please submit completed form to the Department of Medicine - Education Office, VH E6-102, domeducation@lhsc.on.ca

Program Director Signature:

Date Received by DoM:

Date of Approval:

Letter of Good Standing Completed?