

Division of Urology

UROLOGY RESIDENT ELECTIVE POLICY – Clinical/Research

(Applies to On-Service Urology Residents)

1. Research and Clinical Electives will be granted only to residents in good standing within the program. Elective time will be reviewed 2-3 months in advance of the scheduled elective and may be cancelled if the resident is not in good standing. The resident would then be placed back onto the rotation schedule at one of the Urology hospital sites.
2. Proposed electives must be submitted, **in writing**, to the Assistant Program Director (APD) and the Program Administrator for approval **a minimum of eight (8) weeks prior to the start of the elective.**
Each proposal must be accompanied by the following:
 - A defined set of objectives for the elective
 - The name and email address of the elective supervisor
 - Proof of agreement from the elective supervisor
 - Proof of agreement by elective supervisor to accept your request of the elective must include a statement that "they agree to accept your elective request, and that they agree to complete and return an evaluation upon completion of the elective"
3. Elective requests that are not one full block (example: concurrent clinical electives, split time – research/clinical) must be pre-approved a minimum of 8 weeks in advance of the elective by the Program Director and Assistant Program Director, as well as the elective supervisor.
4. For research electives, a **mid-elective progress report is required** to be provided to the elective supervisor and the PD for review, as well as an end-elective report of work accomplished.
5. A four (4) week reading/study block is NOT an acceptable substitute for a true research rotation.
6. Any vacations during this research or clinical elective must be approved and requested as per the vacation policy. Preceptor approval of this vacation time is also required.
7. For research electives, the resident must be in the city and available to attend all education events, participate in call and must check-in with their preceptor on a regular basis.

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UROLOGY RESIDENT ELECTIVE (Clinical or Research) REQUEST FORM

Resident Name	
PG Year	
Dates of Requested Elective	
Location of Requested Elective	
Submission Date of Elective Request to Program	

List Objectives for this Elective:

Name of Preceptor for this Elective	
Email Address of Preceptor	
Date of Signature	
Signature of Preceptor	
As Preceptor of this elective, I agree to complete (and return) an evaluation form for this rotation	Yes or No

	Date	Signature
Resident		
Program Director/ Assistant Program Director		