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	(Office Use Only)	

## Request Form for New Clinical Course Submit no later than 30 days prior to the first day of the proposed course.

## **RETURN FORM TO:**

Amber Watts Undergraduate Medical Education asinclair@uab.edu

COURSE NAME		
DEPARTMENT		
CAMPUS		
COURSE TYPE		
***Acting Internships can only be built in consultation with the Associate Dean for Undergraduate Medical Education		

1. Indicate the duration of the course, check all that apply:

2 weeks (Available for Elective courses ONLY)
4 weeks (Available for all courses)

2. Indicate when the course will be offered, the following list depicts Academic Year 2024-2025:

Cour	se offered ALL sub-blocks (4 week option)	Course offered ALL sub sub-blocks (2 week option)	
la	06/24/24 - 07/21/24	06/24/24 - 07/07/24	07/08/24 - 07/21/24
lb	07/21/24 - 08/18/24	07/21/24 - 08/04/24	08/05/24 - 08/18/24
lla	08/19/24 - 09/15/24	08/19/24 - 09/01/24	09/02/24 - 09/15/24
IIb	09/16/24 - 10/13/24	09/16/24 - 09/29/24	09/30/24 - 10/06/24
Illa	10/21/24 - 11/17/24	10/21/24 - 11/03/24	11/04/24 - 11/17/24
IIIb	11/18/24 - 12/15/24	11/18/24 - 12/01/24	12/02/24 - 12/15/24
IVa	01/06/25 - 02/02/25	01/06/25 - 01/12/25	01/13/25 - 02/02/25
IVb	02/03/25 - 03/02/25	02/03/25 - 02/16/25	02/16/25 - 03/02/25
Va	03/03/25 - 03/30/25	03/03/25 - 03/16/25	03/17/25 - 03/30/25
Vb	03/31/25 - 04/27/25	03/31/25 - 04/13/25	04/14/25 - 04/27/25
Vla	05/05/25 - 06/01/25	05/05/25 - 05/18/25	05/19/25 - 06/01/25
VIb	06/02/25 - 06/29/25	06/02/25 - 06/15/25	06/16/25 - 06/29/25

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3.	State	course	capacity:
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Minimum	Maximum

		William	Maxilliulli		
4.	If this is a one-time experience for a s     STUDENT(S):	ingle student or	is student-design	ed, include student name(s) below:	
5.	5. Clerkship Prerequisites for this course should be:				
	Family Medicine Medicine	☐ Neu	urology	Ob/ Gyn	
	Pediatrics Psychiatry	☐ Sur	gery		
6.	6. Facility and Location:				
	Where should the student(s) report     Building:	ort on the first day Room:	: Time	:	
7.	. Course Description & Format (details	of designated cou	rse specialty & lear	ning activities available to student):	
8.	. <b>Learning Objectives</b> (Guidelines for wri	iting learning obje	ctives <u>http://usagsc</u>	-sg.tripod.com/22_learning_objectives.pdf):	
9.	Requirements (The student requirements)	nts must align with	the overall learnin	g objectives):	
10	0. Assessment (How will you verify the st	tudent has met the	e course objectives	?)	
11	General schedule of planned activition	es			

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12.	Course Contacts:		
	Course Director:		
	Course Director Name:		
	Course Director Department:	Email:	Phone:
	Co-Course Director:		
	Course Director Name:		
	Course Director Department:	Email:	Phone:
	Grade & Schedule Contact (Responsible f	or receiving grade forms and sub	mitting, will also receive course rosters):
	Name:		
	Email:	Phone:	
13.	13. Course Director: By signing below the Course Director verifies to the best of their knowledge that the student is completing the proposed activities/assignments as stated on the form in the timeframe indicated.		
	Course Director Initials: I am responsible for	r grade submission	
	<b>Course Director Initial:</b> I am responsible to must occur before January for the following acader		ogistics or offerings change. These changes July 1 <sup>st</sup> each year
	Please make note: Grade submission/Catalog char	nge queries should be directed to sch	eduler@uab.edu
	<del></del>		<del>-</del>
	Signature of Course Director/Faculty (Mus	st be UASOM Faculty)	Date
14.	<b>Student:</b> By signing the student agrees to conthe timeframe indicated.	mplete the proposed activities/ass	ignments as stated on the form in
	Signature of <b>Student</b> (ONLY if student-desi	gned)	Date
15.	COURSE APPROVED FOR TEACHING IN T	HE DEPARTMENT BY:	
	Signature of <b>Department Chair</b> (only if fac Date	ulty designed)	<del></del>
16.	COURSE APPROVED BY:		
	Signature of <b>Associate Dean for Undergr</b>	aduate Medical Education	 Date

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