

NYU School of Medicine

OUT-ELECTIVE REQUEST FORM

PLEASE TYPE OR PRINT CLEARLY. ATTACH ADDITIONAL SHEETS AS NECESSARY.

Resident: You must complete numbers 1 through 26 and the “Resident’s Statement and Signature” section of this form when requesting approval for an Out-Elective. An Out-Elective is a program of study that is arranged on an individual basis and hosted by an institution that is outside the NYU System.¹ This form, together with an *Out-Elective Program Letter of Agreement*, must be submitted to your Director *at least two months* prior to the commencement of the Out-Elective, or the request will be denied. For further information, please refer to the *Out-Elective Policy for Residents*. This form will become part of your permanent academic record and may be needed to justify your salary during an Out-Elective.

Current Date: _____

Dates of Out-Elective: From: _____ To: _____

GENERAL INFORMATION

NYU School of Medicine

1. Resident’s name: _____ PGY: _____

Address: _____

Telephone number: _____ E-mail: _____

2. Program Director’s name: _____

Address: _____

Telephone number: _____ E-mail: _____

3. Program name: _____

ACGME-accredited: Yes: _____ No: _____

4. The requested Out-Elective is: Clinical: _____ Research: _____

5. The requested Out-Elective is required by the ACGME: Yes: _____ No: _____

6. This experience is available within the NYU System: Yes: _____ No: _____

7. Outline the educational goals and objectives of the Out-Elective, and explain how you will accomplish them. For research, state the hypotheses to be tested and the methods you will use, including plans for statistical analysis. If the Out-Elective is part of an ongoing project, please indicate how this dedicated period of time will be used. *

¹ In this document, “NYU System” refers to NYU Hospitals Center, Bellevue Hospital, the Hospital for Joint Diseases, and the Veterans’ Administration Hospital.

8. Provide two or more specific aims of the Out-Elective. The aims should be identifiable “products” of your work that relate to the goals and objectives described in #7, above.* Include the specific educational rationale for both the Out-Elective and the Host Institution chosen.

Host Institution

9. Name: _____

Address: _____

Type of corporation/entity: _____
(e.g., hospital, private office, etc.)

10. JCAHO-accredited? Yes: _____ No: _____

11. Program name: _____

ACGME-accredited? Yes: _____ No: _____

12. Out-Elective Name: _____

All clinical locations: _____
(List each Out-Elective site to which you will be assigned)

13. Responsible Official(s):

a. Supervisor: Title/Name: _____

Address: _____

Telephone: _____ E-mail: _____

b. Signatory Authority: Title/Name: _____

Address: _____

Telephone: _____ E-mail: _____

c. Others (specify roles): Title/Name: _____

Address: _____

Telephone: _____ E-mail: _____

14. Provide a detailed protocol and description of the Out-Elective, including a delineation of study parameters.

15. Provide the Out-Elective schedule, including your Supervisor’s responsibilities for program policies (duty hours, etc.).

16. Evaluation (*elective will not be considered if information in this section is omitted or incomplete*):

a. Contact information of the person who will evaluate you:

Title/Name: _____

Address: _____

Telephone number: _____ E-mail: _____

b. Method of evaluation: _____

(Completed evaluation must be submitted to your Program Director at NYU)

17. Specify any other individuals responsible for:

a. Teaching/Supervision: _____

b. Others (specify): _____

18. You will be taking call at the Host Institution: Yes: _____ No: _____

19. The Host Institution will assign a DEA Number to you: Yes: _____ No: _____
(Include number) (Include explanation)

TIME & HOURS

20. Describe the amount of time you will spend at the Host Institution (e.g., 100%, one day per week, etc.).

21. You will have clinical responsibilities at NYU while at the Host Institution (e.g., night call, continuity clinic, etc.):

Yes: _____ No: _____

22. Length of Out-Elective: _____

(# of Days/Weeks/Months)

23. Inclusive dates of Out-Elective: _____

From: _____ To: _____
(Month/Day/Year) (Month/Day/Year)

24. Total FTE: _____

(Total # of Out-Elective days = # days divided by 365)

FINANCIAL

25. a. Compensation will be paid by (i.e., whose payroll)?

Circle one: NYUHC / BH / HJD / VA

Other (specify): _____

b. The Host Institution will be billed for the support: Yes: _____ No: _____

c. Any other fees? Yes: _____ No: _____

26. Provide additional financial terms of agreement, if applicable.

MALPRACTICE COVERAGE: Resident must submit documentation of malpractice insurance with this form.

1. NYU to provide malpractice insurance: ____Yes ____No

2. Host Institution to provide malpractice insurance: ____Yes ____No

Resident's Statement and Signature:

I agree to abide by the terms of this *Out-Elective Request Form* and the *Out-Elective Policy for Residents* (attached):

Resident's Signature: _____ Date: _____

Signatures required for approval of this Out-Elective:

NYU

Application is: _____ **Approved:** _____ **Denied:** _____
(Director: initial appropriate line)

NYU Program Director: _____ Date: _____

Position Control Board: _____ Date: _____

NYU Insurance Department: _____ Date: _____

Host Institution

I have reviewed this completed *Out-Elective Request Form* and agree that the aims expressed herein may be accomplished as stated. I am willing to accept responsibility for the Resident's education during the Out-Elective.*

Application is: _____ **Approved:** _____ **Denied:** _____
(Host Institution Supervisor and Official: initial appropriate line)

Host Institution Supervisor: _____ Date: _____

Host Institution Official: _____ Date: _____

Please forward original, executed form to: NYU Office of House Staff Affairs, NYU School of Medicine, 333A East 29 St., New York, NY 10016. Office phone number: (212) 263-5506.

Revised 09/09/03 HSS
