

Title of Clerkship:

Elective Type:

Department:

Type of Elective: Clinical _____ Non-Clinical/Research _____ Basic Science _____

Clerkship Site:

Course Number:

Blocks Available:

Number of Students/
Block:

Faculty

Elective Description/
Requirements:

Length of Clerkship:

Links to EPOs: Educational Course Objectives:

Professionalism:

Instructional Methods:

Evaluation Methods:

Prerequisites:

Clerkship Director:

Clerkship Coordinator:

Phone Number:

Email:

Special Requirements:

**AAMC Hot Topics
Addressed in this
Elective Clerkship:**

*(please make selection from
attached Hot Topic list)*