

## 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

<b>COURSE NAME</b>	
<b>DEPARTMENT</b>	
<b>CAMPUS</b>	
<b>COURSE TYPE</b>	
***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 2023-2024:**

		Course offered ALL sub-blocks (4 week option)		Course offered ALL sub sub-blocks (2 week option)
	Ia	06/26/23 - 07/23/23		06/26/23 - 07/09/23      07/10/23 - 07/23/23
	Ib	07/24/23 - 08/20/23		07/24/23 - 08/06/23      08/07/23 - 08/20/23
	IIa	08/21/23 - 09/17/23		08/21/23 - 09/03/23      09/04/23 - 09/17/23
	IIb	09/18/23 - 10/15/23		09/18/23 - 10/01/23      10/02/23 - 10/15/23
	IIIa	10/23/23 - 11/19/23		10/23/23 - 11/05/23      11/06/23 - 11/19/23
	IIIb	11/20/23 - 12/17/23		11/20/23 - 12/03/23      12/04/23 - 12/17/23
	IVa	01/01/24 - 01/28/24		01/01/24 - 01/14/24      01/15/24 - 01/28/24
	IVb	01/29/24 - 02/25/24		01/29/24 - 02/11/24      02/13/24 - 02/25/24
	Va	02/26/24 - 03/24/24		02/26/24 - 03/10/24      03/11/24 - 03/24/24
	Vb	03/25/24 - 04/21/24		03/25/24 - 04/07/24      04/08/24 - 04/21/24
	VIa	04/29/24 - 05/26/24		04/29/24 - 05/12/24      05/13/24 - 05/26/24
	VIb	05/27/24 - 06/23/24		05/27/24 - 06/09/24      06/10/24 - 06/23/24

**3. State course capacity:**

Minimum	Maximum

**4. If this is a one-time experience for a single student or is student-designed, include student name(s) below:**  
STUDENT(S):

**5. Clerkship Prerequisites for this course should be:**

- Family Medicine       Medicine       Neurology       Ob/ Gyn  
 Pediatrics       Psychiatry       Surgery

**6. Facility and Location:**

- a. Where should the student(s) report on the first day:  
Building:                                      Room:                                      Time:

**7. Course Description & Format** (details of designated course specialty & learning activities available to student):

**8. Learning Objectives** (Guidelines for writing learning objectives [http://usagso-sg.tripod.com/22\\_learning\\_objectives.pdf](http://usagso-sg.tripod.com/22_learning_objectives.pdf)):

**9. Requirements** (The student requirements must align with the overall learning objectives):

**10. Assessment** (How will you verify the student has met the course objectives?)

**11. General schedule of planned activities**

**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 for receiving grade forms and submitting, will also receive course rosters):

**Name:**

**Email:**

**Phone:**

**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 grade submission

**Course Director Initial:** I am responsible to update the course catalog if course logistics or offerings change. These changes must occur before January for the following academic year offerings which begin around July 1<sup>st</sup> each year

Please make note: Grade submission/Catalog change queries should be directed to [scheduler@uab.edu](mailto:scheduler@uab.edu)

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Signature of **Course Director/Faculty** (Must be UASOM Faculty)

Date

**14. Student:** By signing the student agrees to complete the proposed activities/assignments as stated on the form in the timeframe indicated.

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Signature of **Student** (ONLY if student-designed)

Date

**15. COURSE APPROVED FOR TEACHING IN THE DEPARTMENT BY:**

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Signature of **Department Chair** (only if faculty designed)

Date

**16. COURSE APPROVED BY:**

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Signature of **Associate Dean for Undergraduate Medical Education**

Date