

RESIDENT ELECTIVE FORM
UCSF-SFGH Family Practice Residency Program

Please discuss your elective plans with your advisor and submit this form at least 12 weeks prior to the beginning your elective. The advance notice will enable your FHC clinics to be scheduled in a timely manner. Away elective time may not exceed four weeks during your three-year residency.

Name:	Advisor:
Elective Type (please circle): ME PE E	Elective Dates:
Topic of study and brief description rotation:	
Is this elective clinical or research in nature?	

Elective Preceptor:	University Affiliation:
Preceptor Email Address (very important):	
Elective Address:	
Telephone Number:	
If away elective, please give an address and telephone number where we can reach you in an emergency:	
Elective Schedule Schedules are due no less that 12 weeks in advance of your elective. Requests received after that time may result in denial of elective or clinic requests. Please complete the calendar on page 2 for each week of your rotation, including your FHC Clinic preferences (R3—3 clinics/week, R2—2 clinics/week) and 1 admin session per week. Your requests will be accommodated if possible.	
Signature of Advisor/Date	Signature of Program Director/Date

Proposed Elective Schedule

Wk 1	M	T	W	T	F
AM					
PM					

Wk 2	M	T	W	T	F
AM					
PM					

Wk 3	M	T	W	T	F
AM					
PM					

Wk 4	M	T	W	T	F
AM					
PM					