

ELECTIVE REQUEST

Name of Resident: _____ **Date Submitted:** _____

1. **Title/Dates of Elective:** _____

2. **Location/Phone Number** (where you can be reached): _____

3. **Attending(s) Responsible for Supervision:** _____

4. **Summary of Goals/Objectives:**

5. **Expected Outcome** (check all applicable items):

___ General increase in knowledge, performance, attitude and diagnostic/
physical skills

___ Grand Rounds presentation

___ PA Academy Meeting abstract

___ National Meeting abstract

___ Other _____

6. **Approvals:**

Preceptor _____

Program Director _____