DEPARTMENT OF FAMILY MEDICINE
Elective Agreement Form

section 1

RESIDENT’S INFORMATION

Name: ____________________________________________
Signature: ________________________________________
Date: ____________________________________________

SPECIFIC EDUCATIONAL OBJECTIVES

_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

section 2

APPROVAL: ELECTIVE PRECEPTOR

Preceptor’s Name: ______________________________________
Professional Certifications: _____________________________
Email: ______________________________________________
Telephone: __________________________________________
Fax: ________________________________________________

☐ I agree to this elective and to the above objectives set out by the resident.

☐ I do not agree.

Preceptor Signature: _________________________________
Date: ______________________________________________

section 3

FINAL APPROVAL: FAMILY MEDICINE UNIT OFFICE

Education Director’s Name: ____________________________
Signature: __________________________________________
Date: ______________________________________________

If this elective and its objectives are not approved, please indicate why not: ________________________________

ELECTIVE DETAILS

Start Date: __________________________________________
End Date: __________________________________________
City / Town: _________________________________________
Clinic: _____________________________________________
Elective Focus / Specialty: ____________________________

INSTRUCTIONS

1. Resident to complete section 1
2. Resident to request approval from Elective Preceptor (section 2)
3. Following completion of sections 1 and 2, Resident to provide form to Education Assistant
4. Education Assistant to provide form to Education Director for final approval (section 3)
5. Education Assistant to place completed form in resident’s file

COMPLETION

Complete this form 3 - 4 weeks prior to the expected date of the elective.

CHANGES

Any changes to this elective must be made in writing. All parties must be notified of the change with a minimum of two weeks notice.

Updated July 2016