

**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 \_\_\_\_\_