VIRGINIA COMMONWEALTH UNIVERSITY
SCHOOL OF MEDICINE

Request to Approve a Domestic Elective as an Acting Internship

STUDENT’S NAME (Printed): ______________________________________________

NAME OF INSTITUTION: __________________________________________________

NAME OF ELECTIVE: _____________________________________________________

DATES TO BE TAKEN: _____________________________________________________

Virginia Commonwealth University accepts electives completed at domestic LCME accredited Medical Schools to fulfill our requirement for an Acting Internship as long as the experience meets the following criteria:

*An Acting Internship is a capstone clinical experience focused on experimental learning for medical students nearing graduation. During this rotation, students should demonstrate:

- The knowledge, skills, and attitudes expected of someone who has completed core clinical clerkships
- The ability to create an independent diagnostic and therapeutic plan
- The ability to implement the plan of care within a complex healthcare system as allowed by regulatory and licensure requirements
- The professionalism, communication skills, and self-awareness necessary to succeed during an internship in a rigorous residency training program

I certify that the elective experience the above student has requested meets the criteria for an Acting Internship.

_______________________________________  __________________________________
NAME (Printed)                                                             DATE

________________________________________
SIGNATURE

_______________________________________
TITLE

Please return this form to:
Nancy Jackson, Electives Coordinator
Virginia Commonwealth University
School of Medicine
P.O. Box 980-0565
Richmond, Virginia 23298-0565
FAX: (804) 828-5115