

Advanced Clerkship Schedule Request Class of 2024

Enter your schedule request online starting August 29 through 5:00 pm Friday, September 9 at <https://webapps1.healthcare.uiowa.edu/ClinSchedRequest>

Step 1: Schedule a time to meet with your faculty advisor.

- Your schedule request must be **signed off** by a Specialty-Specific Faculty Advisor from the official list, a Learning Community Faculty Director or OSAC Dean.
- Courses, descriptions and faculty advisor list are available at: <http://www.medicine.uiowa.edu/md/fourthyear/>

Step 2: At a minimum you need to submit a request for your required clerkships.

- 5 Selectives (total, counting core year) – Choose from ANES, DERM, OPHT, ORTH, OTO, RAD, URO
- Advanced Inpatient Sub-Internship
- ICU/Critical Care
- All selectives, AI Sub-I, and ICU need to be completed by the end of December 2023.

Step 3: Advanced Electives

- You are not required to submit a complete schedule request of all 32 weeks of advanced electives.
- Schedule changes are allowed if requested at least four weeks in advance of start date of clerkship.

Step 4: Online Submission

- Your highest priority course should be listed on the first line with the desired start date(s). You may request up to 3 start dates. If you want the scheduler to check 3 dates and then continue to schedule the course at any time, check the Anytime box in the fourth column. If you do not care when you take a course, leave the Anytime default in the first request date. If you want to request only one date, put an “X” in the second column. If you want to request only two dates, put an “X” in the third column.
- While the official schedule request is done online, the form below must be filled out, signed by your advisor, and submitted through the [online link](#) , email at ccom-reg-schedules@uiowa.edu , or dropped off in 1216 MERF.

Reserving Blocks/Using Flextime

- If you have an event, i.e. wedding or other personal commitment, you can use Reserve (RES). List the number of weeks, date(s) and indicate the desired priority level. Blocks are reserved in 2-week increments. Use (RES) sparingly and **only** if you are certain of those dates at this time.

Clerkships with Special Permission

- Electives which require permission will not be an option in the online schedule system.
- After your schedule has been released, follow the directions in the advanced course book description to seek permission for any of these type of courses.
- Continuity of Care (COC) can only be added after receiving your initial schedule.

Individually Arranged Electives (IAE)

- Off-campus, on-campus or research IAEs, as well as Global Health Electives, can only be added to your schedule **after** you receive your initial schedule. Details will be provided with your schedule.
- Unless you have an offer letter from the sponsoring physician/institution for your IAE do not use Reserve (Res). The elective can be added once you have been accepted.
- You may schedule off-campus electives out of sequence with our academic calendar, but you will use flextime in order to leave and return to our curriculum in sequence with our academic calendar.

ADVANCED SCHEDULE REQUEST WORKSHEET

- 1) Submit your schedule request online no later than Friday, Sept. 9 and 2) return this form to Joan Smothers (submit through uploading scanned copy of signed form [here](#), or hard copy to 1216 MERF)

Student Name _____

Proposed Specialty Choice _____

Selectives (Must complete 5 of 7 before the end of 2023) ANES:8301; DERM:8301; OPHT:8301; ORTH:8301; OTO:8301; RAD:8301; URO:8301						
Course #	Weeks	Course Name	1 st Request Date	2 nd Request Date	3 rd Request Date	Anytime/ No Preference
Adv. Inpatient Sub-Internship (Must complete 1 before the end of 2023)						
Course #	Weeks	Course Name	1 st Request Date	2 nd Request Date	3 rd Request Date	Anytime/ No Preference

ICU (Must complete 1 before the end of 2023)						
Course #	Weeks	Course Name	1 st Request Date	2 nd Request Date	3 rd Request Date	Anytime/ No Preference

Advanced Electives (32 weeks required)						
Course #	Weeks	Course Name	1 st Request Date	2 nd Request Date	3 rd Request Date	Anytime/ No Preference

Specialty-Specific Faculty Advisor, or Community Director/OSAC Dean Approval

Advisor Name (please print) _____

Title _____

Department _____

Signature _____ Date _____

