



SUB-INTERNSHIP OR ICU CREDIT REQUEST FORM

(This form is to accompany the Phase III Credit Request Form.)

Student Name: _____ ID#: _____ Date: _____

Course Title: _____

University/Location: _____

Type of Credit Requested: Sub-Internship
 Intensive Care Unit

In order for UNM SOM students to receive **SUB-INTERNSHIP** or **ICU** Credit at another institution, the requested program must meet all of the following requirements:

- The student will act as a sub-intern, assuming primary responsibility for all care in an inpatient setting.
- Full-time physician supervision will be provided on-site.
- The experience will include initial or early patient contact as well as continuity of care. The student will be responsible for performing the patient history & physical; formulation of the problem list and management plans; documentation (orders, progress notes, prescriptions, and discharge summaries); and discharge planning.
- In rotations requiring on-call activity, the student's activity will be congruent with intern schedules, including night and weekend call or shift work.
- This **SUB-INTERNSHIP** or **ICU** rotation will last four weeks (or longer).
- Travel or absence for pursuit of residency positions is not allowed during a **SUB-INTERNSHIP** or **ICU** rotation.

I verify that the proposed rotation, scheduled _____ through _____ will fulfill the requirements listed above.

Faculty Evaluator Name (Type or Print)

Faculty Evaluator Signature

Date

Student Signature

Date

OMSA Use Only		
OMSA Signature: _____	Yes / No _____	Date: _____
UME Signature: _____	Yes / No _____	Date: _____
CSPE Signature: _____	Yes / No _____	Date: _____