



## Elective Submission Form Department of Emergency Medicine

MOUNT SINAI  
SCHOOL OF  
MEDICINE

Name: \_\_\_\_\_  
Elective: \_\_\_\_\_  
Advisor: \_\_\_\_\_  
Block/Dates: \_\_\_\_\_

Briefly describe elective below

Describe the goals of the elective relative to emergency medicine?

If the elective is outside of the department or an away elective, please provide the following.

- a. Advisor contact information (Name, phone number, email)
- b. Location
- c. Housing
- d. Estimated cost

Approved by : \_\_\_\_\_

Please email completed form to [yasuharu.okuda@mssm.edu](mailto:yasuharu.okuda@mssm.edu) or in mailbox of Haru Okuda, MD for approval prior to the elective block.