

**M4 FLIGHT PLAN SUBMISSION FORM**

# M4 CNUCOM CONTACT INFORMATION

Please direct all queries regarding M4 electives and sub-internships to the Office of Medical Education (OME). Please send email to Frances Higoy (m4@cnsu.edu ) who is our OME liaison with the students and preceptors. Please also cc these emails to Dr. Khatri.

Sincerely,

**Vijay P. Khatri, MBChB, MBA, FACS**

Assistant Dean of Faculty Affairs

Director, M4 Elective and Sub-Internship

Professor of Surgery and Oncology

Email: vijay.khatri@cnsu.edu

Ph (direct):  (916) 686-7850

**INSTRUCTIONS:**

1. Please refer to above Blocks as a guideline to help you select your rotations for the your M4 academic year.
2. For Home rotations please stay within the above block dates, unless there is a conflict with Away rotations.
3. Submit schedule for Entire Academic Year (i.e., Elective, Sub-I, Step Study Time, Interviews, Unscheduled)
4. For all durations greater than 1 week, the Block Purpose **must** to be documented.
5. Please refer to the [M4 Policy Document](https://medicine.cnsu.edu/shareddocs/Academic/M4-ELECTIVE_SUBINTERNSHIP-POLICIES-ONLINE.pdf) and the [M4 Course Catalog](https://medicine.cnsu.edu/shareddocs/Academic/M4-Catalog_-2-27-19.pdf) for additional information.
6. You **must** select a CNUCOM-approved Course number OR provide a VSLO/non-VSLO Away course code/name to receive credits

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| M4 POLICY SUMMARY |
| POLICY | MINIMUM | MAXIMUM |
| Credits required to graduate | 31 | N/A |
| Away Rotations | None | 5 |
| Specialty of interest rotations | N/A | 12 weeks |
| Non-clinical rotations | N/A | 8 weeks |
| Inpatient rotations | 12 weeks | None |
| Sub-internships | 4 weeks\* | 12 weeks |
| \* Minimum 4 week Sub-internship in a core general specialty |

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| **What is your specialty of choice for residency application?** | SELECT |

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| **STUDENT NAME:** | Click here to enter text. | **ADVISOR NAME:** | Click here to enter text. |
| **BLOCK** | **Start Date** | **End Date** | **COURSE NUMBER** | **VSLO code** | **BLOCK PURPOSE** | **Home/Away** | **SPECIALTY****(Choose AAMC Specialty)** | **COURSE NAME****(For Away rotation include location in Comment section)** | **LOCATION** |
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| **BLOCK** | **Start Date** | **End Date** | **COURSE NUMBER** | **VSLO code** | **BLOCK PURPOSE** | **H/A** | **SPECIALTY****(Choose AAMC Specialty)** | **COURSE NAME****(For Away rotation include location in Comment section)** | **LOCATION** |
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**STUDENT ATTESTATION STATEMENT**

 “I Click here to enter text., hereby submit my M4 Flight Plan for the entire academic year (2019-2020). I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to Student Promotion Committee Referral.”

[ ]  I agree

Signature

Signature of Student Date Click here to enter a date.

**Click SUBMIT and send M4 Flight Plan to** m4@cnsu.edu (if Submit button does not work open your email account and attach this document and send it to m4@cnsu.edu)

**M4 FLIGHT PLAN DECISION**

For Official Use Only

[ ] Approve [ ] Please address the NO answers below

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| FLIGHT PLAN ASSESSMENT (FOR OFFICIAL USE ONLY) |
| POLICY MANDATED REQUIREMENTSYes [ ] No [ ] Meets Graduation credit units requirementYes [ ] No [ ] Will meet all credit requirements before graduation date Yes [ ] No [ ] Meets “general core” sub-internship requirement Yes [ ]  No [ ] Meets “Away” rotation limitation requirementYes [ ] No [ ] Meets specialty limitation requirement Yes [ ]  No [ ] Meets overlapping elective policyYes [ ] No [ ] No deferred clerkships scheduled in Block 12 Yes [ ] No [ ] Meets minimum inpatient clinical rotation requirementYes [ ] No [ ] Meets non-clinical rotations limitationRECOMMENDATIONSYes [ ]  No [ ] Good variety of rotations present in the M4 Flight Plan Yes [ ]  No [ ] Away rotations scheduled in the first 3-4 blocks |

Signature

Signature M4 Director Date Click here to enter a date.