**PROPOSAL FOR A READING ELECTIVE**

**You must email this form to Program Coordinator and Dr. Kanevsky no later than 6 weeks prior to the start of the elective.**

The following are my study plans during a reading elective.

Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you done a Reading Elective during residency so far? []YES []NO

If yes, when?

Overall goals for Reading Elective (e.g. exam you are studying for w/date of exam, clinical skill you are working on, etc.):

Specific goals and action items (e.g. complete 400 MKSAP questions, read two Medstudy books, etc):

Day by day study plan:

Anticipated Challenges:

Dates of check-in with PD re: progress (minimum weekly):

Resident signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_