



Scholarly Concentrations Program
 Morsani College of Medicine
 University of South Florida
 Phone: (813) 974-5793

12901 Bruce B. Downs Blvd MDC 54
 Tampa, FL 33612
 Email rcollins@health.usf.edu
 Fax: (813) 974-2976

SCHOLARLY CONCENTRATIONS PROGRAM ELECTIVE APPLICATION

The Scholarly Concentrations Program (SCP) Elective allows students to work in conjunction with a faculty mentor from the University of South Florida Morsani College of Medicine. Through this experience, students will have the opportunity to fulfill the capstone project requirement unique to the Scholarly Concentrations Program. This application must be approved by the faculty mentor and concentration leader. Proposals must include objectives, work products and an emphasis of study and be discussed with the faculty leader before undertaking this elective. All signatures on this form are required. Signed forms must be submitted to the **Office of Research, Innovation & Scholarly Endeavors (RISE)** within the Office of Educational Affairs (MDC 1100) before the start of the period.

Part I (To be completed by the student)

Name _____ Student ID Number **U** _____

Phone _____ Email _____

EMPHASIS OF PROJECT (TITLE OF CAPSTONE PROJECT)

Location _____ Concentration _____

Period _____ Inclusive dates _____

WHAT IS YOUR PRIMARY PURPOSE IN DOING THIS CAPSTONE PROJECT?*

**Example: "I want to complete my study of patient care of PTSD patients for my scholarly concentration capstone project."*

LIST UP TO 3 LEARNING OBJECTIVES AND CORRESPONDING WORK PRODUCTS

	Objectives*	Work Products*
1		
2		
3		

**Example: "I will evaluate and participate in management of 15 patients with PTSD in the outpatient clinic."*

**Example: "I will write a case report on a patient with >20 relevant references on interesting diagnostic, etiologic, therapeutic issues."*

Student signature _____ Date _____

Student Name: _____

UNumber: _____

Part II (To be completed by the faculty mentor)

Name of Faculty Mentor Department

Student will report to (Location)

Number of unsupervised hours per week (if applicable)

Number of clinical hours per week (if applicable)

Number of laboratory hours per week (if applicable)

Number of didactic hours of instruction per week (if applicable)

Will specific reading assignments be given? If yes, indicate number of hours per week

TOTAL HOURS PER WEEK

Method(s) of Evaluation (Check all that apply): Paper Presentation Other

Comments:

REQUIRED SIGNATURES

Faculty Mentor _____	Date _____
SC Faculty Leader _____	Date _____
SCP Director _____	Date _____

*Students traveling internationally must contact USF Medicine International at (http://health.usf.edu/medicine/ia/travel_guidelines.htm) and are required to complete the international travel registration process and purchase the University's travel medical and evacuation insurance. If an international elective, provide emergency medical insurance policy number: _____.