

Career Exploration Form

Today's Date: _____/_____/_____

(check box) M1 M2 M3 M4

Complete Name of College of Medicine Student (no nick names) _____

jagmail email address: _____

Class of: _____

Name of Organization/Interest Group (if applicable):

Name of supervising College of Medicine faculty member

(necessary if healthcare/advice is to be provided): _____

Date and time of exploration/activity requested: _____

Physical location (rounds, clinic, operating room, hospital, community event): _____

Does this exploration involve exposure to X-Rays in any of the following:

Radiology, Interventional Radiology, GI Lab, Cardiac Cath Lab, Interventional Neurology and the Operating room.

No or Yes If yes, a radiation dosimeter must be worn.

Defined goal: _____

Approve or Disapprove

Signature: _____ Date: _____/_____/_____

Kelly P. Roveda, M.D.

Associate Dean, Student Affairs

University of South Alabama, College of Medicine

This form must be submitted and approved by the Associate Dean of Student Affairs in the College of Medicine at least two (2) weeks prior to the planned experience. If the form is submitted on behalf of an organization, a contact with email must be provided. Once the event is approved, the individual representing either himself, herself or the organization will be contacted by email. In the event that the experience is not approved, the Student representing either himself, herself, or the organization will be contacted for further discussion.

Once completed, this form can be submitted by email to the Associate Dean of Student Affairs kroveda@southalabama.edu or hand delivered to the Office of Student Affairs on campus Kim Rish, krish@southalabama.edu or (Mastin #202) Karen Braswell, kbraswell@southalabama.edu