

**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](mailto: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](mailto: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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**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](mailto:m4@cnsu.edu) (if Submit button does not work open your email account and attach this document and send it to [m4@cnsu.edu](mailto: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 REQUIREMENTS  Yes 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 requirement  Yes No Meets specialty limitation requirement Yes  No Meets overlapping elective policy  Yes No No deferred clerkships scheduled in Block 12 Yes No Meets minimum inpatient clinical rotation requirement  Yes No Meets non-clinical rotations limitation  RECOMMENDATIONS  Yes  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.