

DEPARTMENT OF MEDICINE
USMLE Leave Form

NAME _____ R LEVEL _____ TODAY'S DATE _____

The USMLE is a two day exam required for Washington State medical licensing. Once you have obtained your scheduling permit from the FSMB/USMLE you may schedule the exam. Then fill out this form, obtain the necessary approvals, and return the form to the Residency Office, UWMC, Box 356421.

Residents are expected to schedule their exam during non-call rotations. However, given the uniqueness of each resident's schedule, this may not be feasible. If your absence from a rotation creates a patient care coverage issue, contact the Residency Office at 543-3605. Coverage must be arranged before final approval by the Residency Office can be obtained.

I request the following leave time to take the USMLE:

Dates of two day exam: _____ Service: _____

APPROVAL Residents will be excused from patient care responsibilities during the two days of the exam and the evening prior to the exam.

Approval indicates that the service or clinic has been notified of the resident's absence and there are no unresolved patient care issues.

Final approval is at the Residency Program Director's discretion. Obtain the following signatures. Verbal approvals are OK: note the name of the person you spoke with and the date you obtained the verbal approval.

Chief of Medicine/Chief of Service _____ date
and/or _____
Clinic Director/Coordinator _____ date
Continuity Clinic Coordinator _____ date
Chief Resident _____ date
(required for in-house call services)

RESIDENCY OFFICE USE

q Approved _____ q Form distributed _____

cc: Requesting Resident
Approval Signatories