

Integrative Medicine in Residency (IMR) - Designated IMR Day(s) Form

** Residents are required to follow the Department of Family Medicine Policy & Process

Prior to designated IMR day(s)

Section 1: To Be Completed by Resident		Date Form Submitted:
Resident Full Name:	Residency Year:	Block:
Designated IMR Day(s):		
IMR Modules planned to complete during designated IMR day(s) above with corresponding times (must add up to minimum 8 hours/day)		
Module Name	Hours	
I reviewed with the Site Education Director and received approval for this request: I submitted the form request to the Faculty Lead Integrative Medicine: Resident's Initials:		Total Hours:
Section 2: To Be Completed by Integrative Medicine Faculty Lead after the form is submitted:		
Planned modules approved by Integrative Medicine Faculty Lead: Yes No		

After designated IMR day(s)

Section 3: To Be Completed by Resident	
Modules Completed as listed above:	Yes No
If No, Alternate Modules Completed (with hours):	
Alternate Module Name	Hours
If modules not completed, please provide reason:	Total Hours:
Resident's Submission: I confirm the above information is correct and submitted to the Faculty Lead Integrative Medicine: Date Form Submitted: Resident's Initials:	
Section 4: To Be Completed by Integrative Medicine Faculty Lead after Section 3 of the form is submitted:	
Reviewed & Approved by Integrative Medicine Faculty Lead:	Faculty Lead's Initials: Review Date:

Reviewed & Approved by Site Education Director:
Site Education Director's Initials:

Program Assistant Received approved Form & Saved on Resident's File: