



Application Form for Canadian Visiting Medical Students

PART 1: To Be Completed by Student

Name: _____ SSN (or passport for foreign students): _____

Country of Citizenship: _____ US Citizen US Permanent Resident Foreign National

Mailing Address: _____

E-mail: _____ Phone #: _____

Emergency Contact: _____

(Name, Relation, Telephone Number)

Medical School: _____ Expected YOG: _____

Requested Course: _____

Requested Month: _____ Alternate Month: _____

PART 2: To Be Completed by Dean of Students or Comparable Official Where Student Is Enrolled

- ▶ The medical student named above **is** in good standing at this institution and has approval to take the elective.
- ▶ The student **will have** completed one year of clinical work prior to enrollment in this elective.
- ▶ The student **will** **will not** pay tuition at the home school during the period indicated.
- ▶ Professional liability insurance **does** **does not** cover the student away from our school while taking approved work.

Please indicate coverage amounts: per occurrence: _____ aggregate: _____

- ▶ The student **is** **is not** covered by personal health insurance.
- ▶ The student **has** **has not** completed training in universal precautions within one year of start date of elective.
- ▶ The student **is** **is not** HIPAA compliant.
- ▶ At the conclusion of the elective an evaluation report **is** **is not** required. Please enclose if required.

At the time the medical student named above intends to do his/her elective training at UVMCMC, she/he will have completed the following required core clinical science clerkships (**please check**):

Family Medicine **Internal Medicine** **Neurology** **OB/GYN** **Pediatrics** **Psychiatry** **Surgery**

Name: _____ Title: _____

Address: _____

Signature: _____ Date: _____



PART 3: For Use By UVMHC ONLY

The Department of _____ agrees to host this student for the above listed rotation.

Supervisor: _____ Specialty: _____

Inclusive Dates: _____ Report Time: _____

Report Location: _____

✍

Signed Elective Supervisor or Designee

PART 4: To Be Completed By The Student *After Being Accepted Into Elective*

I wish to confirm my intention of participating in this elective.

I attest by my signature below that I understand that I must have, at the time of the clinical clerkship or elective rotation, an appropriate U.S. non-immigrant visa status that will specifically allow me to engage in clerkship/rotation activities. Further, I understand that I must provide visa-related information to the Electives Coordinator prior to commencement of any clerkship or rotation activities. **Failure to have appropriate U.S. non-immigrant visa status at the time of the clerkship/rotation will result in an immediate termination of the clerkship or rotation.**

Signature: _____ Date: _____



Instructions for Completing the Visiting Student Application and Immunization Forms

The Visiting Student Application Form:

- All students who wish to participate in a visiting elective must fill out **Part 1** of the application completely. **Part 2** must be filled out by the Dean's Office of the student's home school. This section must be completed. **Attached letters of reference or transcripts will not be accepted in place of Part 2.**
- If health insurance/liability coverage is provided by an agency other than the home institution please include copies of the student's health insurance card/certificate and/or liability certificate. The coverage amounts must be clearly stated, as well as whether the coverage is valid within the United States.
- All clinical clerkships must be complete by the time the elective is to start, and indicated as such by the home school's Dean's Office. Any student who has not completed clinical work in all subjects listed in Part 2 may be denied acceptance.
- Applicants within must submit applications at least 2 months in advance of the desired elective start date.
- Foreign students (non-US citizens/permanent residents who will require a visa to enter the United States) must sign Part 4 of the application.

The AAMC Standardized Immunization Form:

- All students must complete the AAMC Standardized Immunization Form. **Lab reports or other attachments will not be accepted in place of this form.**
- The form must be certified by the student's health care provider or school medical official. The form will not be accepted without this certification.
- The Immunization Form must be submitted with the application packet. If a complete immunization form is not included the application materials will be returned to the student.



Checklist for Visiting Student Applications

- Completed application form.
- Completed immunization form and photocopy of your personal health insurance card.
- Proof of malpractice/liability coverage.
- A personal photo.
- An evaluation form if required by your medical school.
- Proof of HIPAA compliance.
- Copy of CV (please include dates and number of weeks of core clerkships).
- Copy of medical school transcript.
- Copy of USMLE Step 1 score report, or a letter from your school certifying your Step 1 score.