

Visiting Student Application Checklist

Complete the following checklist and return the signed original with your application. Please do not send partially complete applications. Incomplete applications will not be processed.

Required Item	Completed
Completed Visiting Student Application	
Immunization Documentation - all three pages required	
Proof of Malpractice Insurance	
Letter of Good Standing from your school	
Proof of Personal Health Insurance	
Proof of HIPPA Compliance	

I hereby attest that the above items are complete and represent the official documentation required for my candidacy as a visiting student to the University of Chicago Pritzker School of Medicine.

Signature

Date

Next Steps and Further Communication

- **Confirming Receipt:** An email confirmation will be sent once your completed application has been received.
- **Processing Schedule:** Applications must be received six weeks before the start of your intended rotation.
- **Checking Availability:** Please DO NOT CALL to check availability. Rotations will be given to students who submit complete applications. Calling to check availability will not guarantee a spot in a desired rotation.
- **Communicating Decisions:** All communication will be sent via email, please do not call to check the status of your visiting student application

THE UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE

924 E. 57th Street, BSLC - 104 Chicago, IL 60637-5416

(773) 702-1939 (Phone) (773) 834-1920 (Fax) csanders@bsd.uchicago.edu (e-mail)

VISITING MEDICAL STUDENT SENIOR ELECTIVE APPLICATION

for the period of June 2, 2008 through May 31, 2009

Please return all copies of this application, with Sections 1, 2 and 3 completed, to the above address, Attention: Visiting Student Application Coordinator:

SECTION 1 - TO BE COMPLETED BY STUDENT

MR/MS _____

Student Name (Please Print)

Citizenship

Social Security Number

Current Address

City

State

Zip

(e-mail address) (Please Print Clearly)

Home (Area Code) Telephone Number

MUST BE COMPLETED:

I am a _____ year matriculated medical student in a _____ year program at _____ medical school.

Only students who have completed a comprehensive third year educational program may apply for fourth year electives at the University of Chicago, which includes, 3mos. of Internal Medicine, 3mos. of Surgery, 2mos. of Pediatrics, 1mo. of Obstetrics and Gynecology, 1mo. of Psychiatry and 1mo. of Family Medicine, but is not limited to the number of months stated above (less or more).

- Please detail the amount of time you have completed both inpatient and outpatient experiences that would enable us to determine your eligibility: Must be completed on application.

Table with 4 columns: Clerkships, Inpatient, Outpatient, Total. Rows include Medicine, Surgery, Ob/Gyn, Psychiatry, Pediatrics, Family Medicine.

Choices and Alternatives for elective time at the University of Chicago should be chosen from the elective section on the web. A Course number must be entered, not just the course name. All medicine courses at Weiss Hospital should be applied for through Weiss Hospital (773) 564-5225. Not the University of Chicago.

Number of Months Requested: 1 month: [] 2 months: [] Other: _____ (USE ADDITIONAL SHEET FOR MONTHS 3 & 4)

Month 1: 1st choice Dept / Course # / Sect # Start & End Date 2nd choice Dept / Course # / Sect # Start & End Date

Month 2: 1st choice Dept / Course # / Sect # Start & End Date 2nd choice Dept / Course # / Sect # Start & End Date

Have you previously participated in elective course work at the U/C-PSM? Yes ___ No ___ If Yes: Mo/s ___ Year ___

Use separate sheet for additional months

SECTION 2 - TO BE COMPLETED BY APPROPRIATE OFFICIAL AT VISITING STUDENT'S MEDICAL SCHOOL

Please circle the correct response (YES or NO) and complete each question:

- (1) The medical student named above is in good standing at this institution, and is authorized to take this elective for credit (must attach school's good standing letter). YES NO
(2) The student has the following ranking as a clinical student in this school: Outstanding Very Good Average
(3) Date upon which this student will be awarded his/her M.D. degree mo. yr.
(4) Must show proof of HIPPA Compliance. (confirmed in letter of good standing with school seal or copy of certificate).
(5) The student will pay tuition at the home institution during the period indicated. YES NO
(6) The student has completed a course of study on universal precautions YES NO

Name of Dean or School Official: (please print) _____ Date: _____

Signed: _____ Title: _____

Name, Address, & Phone of School: _____

Official Seal of the Medical School must be affixed:

continue on next page

