

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 HIPAA 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

- **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) visiting.pritzker@bsd.uchicago.edu

VISITING MEDICAL STUDENT SENIOR ELECTIVE APPLICATION

for the period of June 1, 2009 through March 31, 2010

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, Internal Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, Psychiatry and Family Medicine.

- 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 rotations 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.

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

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

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

Have you previously participated in elective course work at the UofC-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 HIPAA 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:

