



APPLICATION FOR CLINICAL ELECTIVE / CLERKSHIP (International Medical Students Only)

- ❖ Please mail all required components of the application packet directly to the department of your desired elective. For appropriate department addresses: <http://medschool.ucsf.edu/visitingstudents/departments>
- ❖ Each application must be accompanied by a **non-refundable** application fee of **\$825** (this includes \$500 for each four (4) week rotation; a one-time \$300 processing fee for the Services to International Students & Scholars; and \$25 priority mailing fee for international documents).
- ❖ All checks/money orders must be in U.S. currency, drawn on U.S. banks and payable to: **UC REGENTS**

SECTION I: To be completed by student. (Please type directly on the form; printed applications will not be accepted)
I would like to apply for the elective(s) indicated in **Section IV** during the period:

_____ / _____ / _____ to _____ / _____ / _____
mm dd yy mm dd yy

Name: _____ Male Female
Last, First Middle

Country of Citizenship: _____ Legal Permanent Resident of: _____

Permanent Address: _____
Street City, State Country Zip Code Telephone Number

Local U.S. Address: _____
Street City, State Zip Code Telephone Number

E-mail Address: _____

Date of Birth: _____ / _____ / _____ Place of Birth: _____
mm dd yy City Country

SECTION II: To be completed by Dean or authorized official of student's medical school.

The student named above will be in his/her final year of medical school ; is in good standing ; will pay tuition at home school during the period indicated ; and is authorized to take this elective .

- ❖ Malpractice insurance (**min. \$1,000,000/incident, \$3,000,000/aggregate**) covers the student away from school.
- ❖ Personal health insurance **IS** **IS NOT*** in effect away from home school.
- ❖ At the conclusion of the clerkship, an evaluation **WILL** **WILL NOT** be required.
- ❖ The student **HAS** completed the mandatory HIPAA certification (see section IV, page 2)
- ❖ This student has completed the following core clerkships: (date completed)

Medicine _____ / _____ / _____; Surgery _____ / _____ / _____; Pediatrics _____ / _____ / _____
Ob-Gyn _____ / _____ / _____; Psychiatry _____ / _____ / _____; Other _____ / _____ / _____

AUTHORIZED BY: _____ Date: _____

Name (print/type): _____ Title: _____

Name of School: _____

Address: _____ Phone/Fax: _____

AFFIX

SCHOOL SEAL

HERE

* **STUDENT HEALTH INSURANCE:** Visiting students without health coverage must obtain it within five (5) days of their arrival at UCSF from the Student Health Services office at Room MU-H005, (415) 476-1281.



SECTION III: *To be completed by student.*

| Elective # | Elective Title | Dates: From | To |
|--|-----------------------|--------------------|-----------|
| _____ | _____ | _____ | _____ |
| Alternate Choices: (You may enter at least four alternatives) | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SECTION IV: Health Insurance Portability & Accountability Act (HIPAA)

I hereby certify that I have completed HIPAA training at my home school or the web-based module provided by UCSF (<http://hipaa.ucsf.edu/education/student/default.html>) HIPAA 101 Training.

Signature: _____ Date: _____

SECTION V: *To be completed by UCSF personnel.*

| ELECTIVES CONFIRMED | DATES | |
|---|--------------------|------------------|
| <i>Course Number & Title</i> | <i>From</i> | <i>To</i> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| REPORT TO: _____ | PLACE: _____ | |
| DATE / TIME: _____ | | |

SECTION VI: *To be completed by student and UCSF Personnel*

Before starting your rotation, you must obtain the following signatures, then bring this form to the Office of Curricular Affairs, Room S-221:

Services to International Students & Scholars, Medical Science Basement, Room S-4 _____ Date

Office of Admissions & Registrar, Millberry Union West, Room 200 _____ Date



SECTION VII: Application Checklist

- ❖ Please mail all required information under one cover directly to the department of your desired elective(s).
- ❖ Department mailing addresses can be found (<http://medschool.ucsf.edu/visitingstudents/departments>).
- ❖ All forms must be original and properly documented; faxes are not accepted. Incomplete applications will be returned.
- ❖ **Remember** – Although UCSF uses a standard application form, the application process is not centralized. You cannot apply to take electives from different departments on the same application form. **You must complete a separate application packet for each department in which you plan to take an elective.**
 - UCSF application form approved by the Dean of your school (Section II);
 - 2”x 2” passport-sized photograph, for identification purposes;
 - Alternative dates and electives (Section III);
 - UCSF Health Certification Statement;
 - HIPAA training (Section IV, signature is required);
 - One (1) check or money order payable to **UC REGENTS** for **\$825** (this includes **\$500** for each four (4) week rotation; a one-time **\$300** processing fee for the Services to International Students & Scholars; and **\$25** priority mailing fee for international documents). Must be in U.S. currency and drawn on a U.S. bank, no exceptions.
 - Any letters of support required by the department where you are apply to take this elective; See special department requirements at (<http://medschool.ucsf.edu/visitingstudents>)
 - Bring a copy of your school’s clerkship evaluation form and give to the department coordinator;
 - You will need to purchase a UCSF Identification Badge from the campus security office for \$35.00, please bring that with you during the first week.
 - You must bring your valid passport and visa.