



University of Colorado Denver - School of Medicine
 Anschutz Medical Campus
Visiting Medical Student Application
for 4TH Year Electives - Academic Year 2009-2010

Attach photo here

A. To Be Completed By The Student:

Name (please print): _____
 Mailing Address: _____
 _____ Phone: _____
 E-Mail Address: _____
 Last four digits of SSN _____ Date of Birth _____

Elective Requested:

1st Choice Dept. _____ **Course #** _____ **Course Title** _____

2nd Choice Dept. _____ **Course #** _____ **Course Title** _____

3rd Choice Dept. _____ **Course #** _____ **Course Title** _____

Dates Requested: 1st Choice _____ **2nd Choice** _____

Please indicate if one is most important for you by circling ELECTIVE or DATE

B. To Be Completed By Home School Approving Official

The medical student named above:

| | | | | |
|--------------------------------------------------------------------------------------------------------|---|--|---|--|
| Is in good academic standing at home institution. | Y | | N | |
| Will be in his/her final year of study before beginning this elective. | Y | | N | |
| Will have successfully completed your required third year clerkships prior to beginning this elective. | Y | | N | |
| Will receive academic credit from home school. | Y | | N | |
| Will pay tuition at home school during the period indicated. | Y | | N | |
| Has passed USMLE Step 1. | Y | | N | |
| Is covered by health insurance. | Y | | N | |
| Will be covered by home school's worker's compensation insurance.* | Y | | N | |
| Has been instructed in safety measures and infection control precautions. | Y | | N | |
| Is certified in Basic Life Support or Advanced Cardiac Life Support. | Y | | N | |
| Has my approval as well as recommendation to participate in the elective requested. | Y | | N | |

* University of Colorado Denver School of Medicine is not responsible for worker's compensation issues or injuries and claims for which workers' compensation coverage is required in Colorado.

Immunization, Medical Malpractice Coverage, and Background Check requirements have separate forms that must be completed by a school official.

(continued on page 2)

For University of Colorado Denver School of Medicine use only

Date received _____ Elective Scheduled _____
 Application complete _____ Dates _____
 Date sent to dept. _____ Section _____

Page 2 – Student Name: _____

Home Medical School

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Where should this student’s evaluation be mailed:

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Fax number: _____

E-mail address: _____

Home School Approving Official:

Name of Official (printed) _____

Officials Title: _____

Signature of Official _____ Date _____

Phone : _____ Fax #: _____

C. The following items must accompany this application and be received at least six weeks prior to start date requested elective. All electives are four weeks in length.

- ◆ Background Check form (or Background Consent Release with \$65.00 nonrefundable fee (can be included with application fee) – *check made payable to: University of Colorado Denver School of Medicine*)
- ◆ HIPAA training (must be VHA Privacy Policy Training Certificate of Completion)
- ◆ Immunizations - our form must be completed (polio and respiratory fit mask required). We will not accept individual records or your school’s immunization form.
- ◆ Official transcript showing third year grades or written verification from your registrar or school official stating the final grades received in all third-year core courses.
- ◆ \$150.00 non-refundable fee (check made *payable to: University of Colorado Denver School of Medicine*). Applications received without fee will not be processed.
- ◆ Confirmation of Medical Malpractice Insurance - Student must be covered by general/professional liability insurance in the amounts of \$1 million per occurrence / \$3 million aggregate during this elective. A copy of the current certificate indicating policy amounts or a letter from your school indicating policy amounts must accompany this application.
- ◆ Verification of personal health insurance.
- ◆ Verification of current BCLS certification

Mail completed application, required documents and application fee of \$150.00 (check made payable to: University of Colorado Denver School of Medicine) to:

Sean Spellman
Visiting Medical Student Coordinator
University of Colorado Denver -School of Medicine
Student Affairs Office, Mail Stop C292
ED 2 North, Room P28-5315
13120 E. 19th Ave.
Aurora, Colorado 80045
Phone 303-724-6406
Fax 303-724-6409
