



## VISITING STUDENT ELECTIVE APPLICATION

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE, BALTIMORE, MARYLAND 21201

**In order to be approved for a rotation at the University of Maryland, Baltimore, students must produce the following items with the completed application:**

- Proof of adequate malpractice liability insurance coverage, effective date and expiration date, **or** indemnification letter from home institution (**must have school seal to be official**) to cover any liability costs incurred by the visiting student while rotating at the University of Maryland, Baltimore. Required amount of limits of liability, not less than \$1,000,000 per incident/\$3,000,000 aggregate.

***The University of Maryland, Baltimore does not sell malpractice insurance or have access to information regarding companies that provide liability coverage.*** It is the responsibility of the student to work with his/her school to obtain indemnification. No exceptions can be made.

- Proof of personal hospitalization coverage in effect while visiting student is rotating at the University of Maryland, Baltimore. A copy of personal health card is acceptable.

- Proof of current immunizations via the University of Maryland, Baltimore health immunization form. This form is on the Medical School's Office of Student Affairs website at:  
<http://medschool.umaryland.edu/osa/>.

- All applicants must be of fourth year status at the time of the rotation.

- All applications must be mailed. Faxed applications can not be accepted.

- Required supporting documents as posted in the "General Guidelines for Elective Application."  
(see website)

**Please review the above website for more details on visiting student information, such as:**

- Letter to visiting students
- Application deadlines
- Immunization/Health insurance requirements
- Student health clearance form
- Elective and Sub-Internship catalogs

**If you have any questions or concerns, please contact Ms. Barbara Lindsay at  
(410)706-7476 or [blindsay@som.umaryland.edu](mailto:blindsay@som.umaryland.edu).**



# VISITING STUDENT ELECTIVE APPLICATION

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE, BALTIMORE, MARYLAND 21201

**I. To Be Completed by Student: (PLEASE PRINT OR TYPE)**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific Elective: \_\_\_\_\_ Elective #: \_\_\_\_\_

**(A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH ELECTIVE)**

<b>DATES:</b>	<b>FROM:</b> /    /	<b>TO:</b> /    /
<b>Alternate Date #2:</b>	<b>FROM:</b> /    /	<b>TO:</b> /    /
<b>Alternate Date #3:</b>	<b>FROM:</b> /    /	<b>TO:</b> /    /

**II. To Be Completed by University of Maryland School of Medicine:**

Approved for Dates:                      FROM:        /    /                      TO:        /    /

Disapproved: Reason: \_\_\_\_\_

**Signature of Individual Approving Elective** **Date**

**III. To Be Completed by Dean of Students (OR COMPARABLE OFFICIAL):**

Name of Medical School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

1. What will be the effective date of fourth-year status?    /    /

2. The student received training in OSHA Universal Precautions:    YES: \_\_\_\_\_    NO: \_\_\_\_\_

3. The student will receive academic credit for the experience:    YES: \_\_\_\_\_    NO: \_\_\_\_\_

4. The following basic core clerkships will have been successfully completed prior to beginning the elective requested:

Internal Medicine: _____	Weeks	OB/GYN: _____	Weeks
Psychiatry: _____	Weeks	Pediatrics: _____	Weeks
Surgery: _____	Weeks	Family Medicine: _____	Weeks
Neurology: _____	Weeks		

I certify that the above student is in good academic standing and is approved to register for the requested elective at the University of Maryland School of Medicine.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(AFFIX SCHOOL SEAL)**

Return: University of Maryland, Baltimore  
 School of Medicine  
 Office of Student Affairs  
 655 West Baltimore Street, Room M-004  
 Baltimore, Maryland 21201

