



## 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.

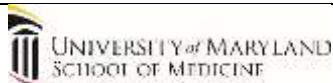
**The University of Maryland, Baltimore does not sell malpractice insurance or have access to information regarding companies that provide liability coverage.** It is the responsibility of the student to work with his/her school to obtain indemnification. No exceptions can be made.

- 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 student health clearance form. This form is on the Medical School's [Office of Student Affairs website](#).
- 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](#)."

**Please review the [OSA website](#) for more details on visiting student information, such as:**

- Letter to visiting students
- Application deadlines
- Student health clearance form
- Elective and Sub-Internship catalogs

**If you have any questions or concerns, please contact Ms. Tami VanDamme at (410)706-7476 or [tvandamme@som.umaryland.edu](mailto:tvandamme@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: (A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH ELECTIVE)			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:

<input type="checkbox"/> Approved for Dates:	FROM: / /	TO: / /
<input type="checkbox"/> Disapproved: Reason:		
<b>Signature of Individual Approving Elective</b>		<b>Date</b>

### 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  
 685 West Baltimore Street, Suite 150  
 Baltimore, Maryland 21201