



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

- **Please email** all required components of the application packet (please see Section VIII for checklist) directly to the department of your desired elective. Contact information for various departments can be found here: <http://meded.ucsf.edu/ume/elective-information-department>
- **Processing fee:** UCSF School of Medicine charges US\$300 **non-refundable** processing fee for each elective you are scheduled for, as well as a **one-time** \$550 processing fee paid to International Students & Scholars Office for their services. **DO NOT pay fees** until you have been instructed to do so by the UCSF department coordinator.

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 III** 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/Province 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 _____; is authorized to take this elective _____; and is taking this elective for credit _____.

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.

The student **HAS** passed USMLE Step 1.

The student **HAS** completed the mandatory HIPAA certification (see section IV, page 2)

The student **HAS** completed a Mask Fit Test.

The student **HAS** completed a criminal record/vulnerable sector check.

This student has completed the following core clerkships: (**dates** completed - mm/dd/yy)

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

AUTHORIZED BY: _____ Date: _____

Name (print/type): _____ Title: _____

Name of School: _____

Address: _____ Phone/Email: _____

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:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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/downloads/HIPAA101Training.pdf>) HIPAA 101 Training.

Signature: _____

Date: _____

SECTION V: To be completed by UCSF personnel.

ELECTIVES CONFIRMED

Course Number & Title

DATES

From

To

REPORT TO: _____

PLACE: _____

DATE/TIME: _____



SECTION VI: Emergency Contact *To be completed by student.*

Name: _____ Relationship to Visiting Student: _____
Last First

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

E-mail Address: _____

SECTION VII: Contact for Clerkship Evaluation *To be completed by representative at student's school.*

Completed clerkship evaluation should be sent to: _____

E-mail Address: _____

SECTION VIII: Application Checklist

- Please email all required documents in a single email directly to the department of your desired elective(s). Contact information for various departments can be found here: <http://meded.ucsf.edu/ume/elective-information-department>
- Incomplete applications will not be accepted.
- **Remember** – Although UCSF School of Medicine uses a standard application form, the application process is not centralized. You cannot apply to take electives in different departments on the same application form. **You must complete a separate application packet for each department in which you'd like to take an elective. It should include:**

UCSF application form approved by the Dean of your school (Section II);

Copy of your passport;

2"x 2" passport-sized photograph, for identification purposes;

Alternative dates and electives (Section III);

UCSF Visiting Student Immunization Form, which can be found here:

<http://meded.ucsf.edu/ume/information-accepted-visiting-students>)

HIPAA training (Section IV, signature is required);

Any letters of support required by the department where you are apply to take this elective; See special department requirements at <http://meded.ucsf.edu/ume/elective-information-department> ;

*If your school requires that we use their clerkship evaluation form, a blank copy of your school's clerkship evaluation form (to be filled out by UCSF faculty and sent to your school upon completion of rotation; **please include name and email of school administrator who will receive completed clerkship evaluation form**).*

- **WHEN YOU HAVE BEEN ACCEPTED**, you will need to submit payment to the department for both the elective processing fee and the fee to the ISSO office for processing your B-1/WB documents. **Please follow instructions provided by coordinator.**
- NOTE: Upon your arrival at UCSF, you will need to purchase a UCSF Identification Badge from the campus security office, which costs US\$36.00