Icahn School of Medicine at Mount Sinai

Office of the Registrar
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Phone 212.241.4426
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Registrar@mssm.edu

FOREIGN VISITING STUDENT APPLICATION

Last Name	First Name	Middle Name

Date of Birth			E-Mail Address
Month	Day	Year	

Address:	Phone #:
	(include Country Code, City and Number)

Citizenship		☐ **Male** ☐ **Female**
Medical School		

I am currently a _____ year student in a _____ year program

This section is to be filled out by a Dean or comparable school official of medical school where the student is enrolled.

The medical student above is in good standing at this institution. He/She ☐ **will** ☐ **will not** pay tuition at our institution during the period indicated below. Personal health coverage ☐ **is** ☐ **is not** in effect while the student is away from our school. Malpractice insurance ☐ **is** ☐ **is not** in effect while the student is attending the elective.

TITLE OF SCHOOL OFFICIAL _____ SIGNATURE _____ DATE _____ SCHOOL SEAL

List Core Clerkships that you will have completed at the time of your proposed elective:

Clerkship	Dates	Clerkship	Dates

IF THE STUDENT HAS BEEN APPROVED TO TAKE THE ELECTIVE AND CANNOT ATTEND, **AT LEAST TWO MONTH'S NOTICE** MUST BE GIVEN SO THAT OTHER STUDENTS ON THE WAITING LIST CAN HAVE THE OPPORTUNITY TO PARTICIPATE IN OUR ELECTIVES PROGRAM.

HIPAA (Health Insurance Portability & Accountability Act, a Federal law) compliance is now required for all clinical students with exposure to patients. Students must successfully complete on-line training module and testing at Mount Sinai, regardless of previous HIPAA testing at other institutions.

FOR DEPARTMENT USE ONLY – DO NOT WRITE IN THIS SECTION

The requested time ☐ **is available** ☐ **is not available** for the following dates: _____ Begin TO _____ End

_____ Department Contact Person _____ Phone Number

Revised February 2011