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:

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<th>Clerkship</th>
<th>Dates</th>
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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