

International Visiting Students Guide



Icahn
School of
Medicine at
**Mount
Sinai**

CHECKLIST FOR INTERNATIONAL VISITING STUDENTS



STUDENT'S NAME: _____

Note: Do not staple your documents. Additional documents sent via fax, mail or email will not be accepted after your application has been received by our office.

All documents must be received with your application or your application will not be processed. Please note, no fax, mail or email of any additional documents will be accepted after your application has been received by our office.

Your application package should include the following:

- Checklist
- Complete Application*
- TOEFL Scores**
- Icahn school of Medicine Medical Status Form – filled out completely
- Lab Reports
- Official School Transcript
- Letters of Recommendation (only 2 will be accepted)
- Letter of Good Standing which must indicate your expected graduation date
- Curriculum/CV (e-mail and home address must be listed on your CV)
- Copy of Biographical Passport Page
- Check for \$1,000.00 (US) payable to *Icahn School of Medicine* ***
(Note: Please add applicant name on the bottom of the check)
- BL or ACLS

*The International Visiting Student application must be filled out in its entirety with the Title of School Official, Signature, Date and School Seal included. Only legible applications will be processed. Type application if possible.

**Every applicant will be required to take a TOEFL test if he/she is from a non-English speaking country. The minimum test results to meet the Icahn School of Medicine at Mount Sinai requirements is 22-30 in each category.

***Application fee is \$1,000.00 (US) which is **non-refundable**. Payment of application fee does not guarantee elective placement. We only accept Bank Draft, Money Order, Cashier's check or Travelers Checks which has a branch of the bank in the United States and made payable to *Icahn School of Medicine*. We **DO NOT** accept wire transfers.



Instructions & Directions for prospective International Visiting Students

Icahn School of Medicine at Mount Sinai (ISMMS) accepts visiting students into the Elective Program based upon several criteria one of which is availability. Electives in various departments are offered by the Medical School Faculty at the following locations:

The Mount Sinai Hospital
Mount Sinai Beth Israel
Mount Sinai St. Luke's
Mount Sinai West
New York Eye & Ear Infirmary of Mount Sinai
Elmhurst Hospital Center

The hospitals listed above are the only institutions in which international students are allowed to complete electives, if approved.

Inquiries regarding specific electives offered at Icahn School of Medicine at Mount Sinai and its affiliates should be made directly to the International Visiting Student Coordinator, Jeanneth Persaud.

Students who do not meet all the criteria will not be accepted. All applications are subject to approval by the Dean of Icahn School of Medicine at Mount Sinai.

VISA: If you are accepted to complete an elective at The Icahn School of Medicine at Mount Sinai, please note you must obtain a B-1 Short Term Visa to participate in the program. Although institutions in the United States may allow you to participate under a different visa status,, you must obtain an B-1 visa to participate in electives at ISMMS. There are no exceptions.

The following documents must be sent to the International Visiting Student Coordinator before your application can be considered for placement:

APPLICATION: We do not acknowledge receipts of applications. Applications must be submitted 7–8 months in advance.

ACCEPTANCE/DENIAL: An acceptance or rejection letter will be sent to the student via email about 10 –12 weeks before the requested start date, providing that your application arrived 8 – 9 months in advance. Note: The original dates requested may change if the department has a specific elective block or if the date originally requested is not available. If the student is accepted, he/she must confirm acceptance via email.

COMPLETED APPLICATION: Applications must be completed in entirety with the Dean's or Registrar's signature from your school and a school seal. Be sure your email address is clearly written and legible on your application. Core clerkship must be entered in the space provided on the application, or the application will be considered incomplete and will not be processed. Core clerkships are clinical rotations that every student must complete at their home university before they can graduate.

NON-REFUNDABLE APPLICATION FEE: This \$1,000.00 (US) fee must be paid in the form of Traveler's Check, Cashier's Check, International Money Order or Bank Draft drawn under a bank with a branch in the United States of America. No other source of payment will be accepted. We do not accept wire transfers. Absolutely no personal checks will be accepted. This application fee must accompany your application with all the required documents on the checklist or your application will not be processed. This fee does not guarantee you an elective and it is non-refundable.



ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI MEDICAL STATUS FORM: The Medical Status Form must be completed by a medical provider or student health service. A copy of all applicable lab reports must accompany your application. If your Tuberculosis skin test (PPD) is positive, you must submit a chest x-ray or QuantiFERON results taken within one year prior to the start of your expected elective period. All results must be in English, if you are from a non-English-speaking country, then you must have it officially translated in English.

SCHOOL TRANSCRIPT: Official School Transcript, in English, listing all courses you have completed in your medical school must be on the school's letter head with the school's seal and signature of a school official. This must be officially translated in English if you are from a non-English-speaking country.

GOOD STANDING LETTER: Letter of Good Standing from the Dean's Office of your medical school. It must include your expected graduation date.

SCORES OF EXAMINATION (OPTIONAL): A required passing score on USMLE-Step 1, as administered by the NBME can be added to your application, but is not a mandatory requirement.

TOEFL TEST: This test is required by all students from non-English speaking countries. You must receive a score of 22-30 in each category in order to qualify for an elective at the Icahn School of Medicine at Mount Sinai.

CURRICULUM VITAE (CV): Must accompany your application.

If accepted:

MANDATORY STUDENT HEALTH FEE OF \$50.00 (US): This fee is payable on the first day of your elective by either credit card or check. This fee allows access to our Student Health facilities for minor illnesses. Please note that this does not replace comprehensive health insurance.

TUITION: Students enrolled in the International Medical Schools will be charged tuition of \$2,000.00 (US) per month on a pro-rate basis (maximum of 3 months), which must be payable in full on the first day of the elective.

REGISTRATION: On the first day of the elective, the student must report to the Office of the Registrar, located at 1468 Madison Avenue, Annenberg Building, 13th Floor, Room 13-30 in order to be officially registered.

The student must present the following:

- Letter of Eligibility from New York State Department of Education
- Infectious Control Certificate of Completion

CANCELLATION: Final confirmation of acceptance into an elective is binding unless unforeseen circumstances make participation impossible for the candidate. In this case, the candidate must notify the International/Visiting Student Coordinator immediately.

DRESS CODE: Professional wear and comfortable shoes are recommended. No jeans or sneakers. Slacks, skirts, dresses and loafers are acceptable.



**Icahn
School of
Medicine at
Mount
Sinai**

Office of the Registrar
One Gustave L. Levy Place
Annenberg Building-Room
1330
Box 1257
New York, NY 10029-6574

Phone 212.241.4426
Facsimile 212.369.6013
E-mail: :
Registrar@mssm.edu

INTERNATIONAL 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		<input type="checkbox"/> Male	<input type="checkbox"/> 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.

			SCHOOL SEAL
TITLE OF SCHOOL OFFICIAL	SIGNATURE	DATE	

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		



Electives Request Form

This form must be submitted along with your application

STUDENT INFORMATION

Last Name:	First Name:	Middle Name/Initial:
Email:		
Home School:		

ELECTIVE CHOICES

Instructions: Please list in order of preference and include the exact name of the elective and the entire code number, including the department prefix (e.g., PED, OBG, MED, SUR, etc.)

Examples:

<i>Vascular Surgery</i>	<i>S</i>	<i>U</i>	<i>R</i>	<i>0097</i>	<i>Mount Sinai Hospital</i>	<i>mm</i>	<i>dd</i>	<i>yy</i>	<i>-</i>	<i>mm</i>	<i>dd</i>	<i>yy</i>
Title of Elective	Elective Number				Location: MSH or Affiliate Site	Month	Day	Year	-	Month	Day	Year

<i>Cardiology</i>	<i>M</i>	<i>E</i>	<i>D</i>	<i>0023</i>	<i>Mount Sinai Hospital</i>	<i>mm</i>	<i>dd</i>	<i>yy</i>	<i>-</i>	<i>mm</i>	<i>dd</i>	<i>yy</i>
Title of Elective	Elective Number				Location: MSH or Affiliate Site	Month	Day	Year	-	Month	Day	Year

Title of Elective	Elective Number				Location: MSH or Affiliate Site	Month	Day	Year	-	Month	Day	Year

Title of Elective	Elective Number				Location: MSH or Affiliate Site	Month	Day	Year	-	Month	Day	Year

Title of Elective	Elective Number				Location: MSH or Affiliate Site	Month	Day	Year	-	Month	Day	Year

Title of Elective	Elective Number				Location: MSH or Affiliate Site	Month	Day	Year	-	Month	Day	Year

Title of Elective	Elective Number				Location: MSH or Affiliate Site	Month	Day	Year	-	Month	Day	Year

STUDENT SIGNATURE:

Student Signature:	Date
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Icahn School of Medicine at Mount Sinai Medical Status Form

Student's name: _____

To be completed by student:

Do you have any illness that may interfere with your ability to work on a clinical service?

Yes [] No [] If yes, specify:

To be completed by the medical provider:

1. Physical exam : within 12 months of school's start

1. Screening for Tuberculosis

a) For students with a previously negative PPD: PPD (not Tine test) within 12 months of the elective's start is required.

PPD planted Date: _ month/day/year _____

PPD read Date: _ month/day/year _____ Results: _____ mm Interpretation: Positive [] Negative []

b) For students with a history of positive PPD: Chest x-ray or QuantiFERON within 12 months of the elective's start is required.

Chest x-ray Date: month/day/year _____ Interpretation: _____

Copy of the x ray result must be submitted.

c) For students with PPD conversion in the last 12 months: Chest x-ray within 12 months of the elective's start, proof of medication for latent tuberculosis and provider's attestation of absence of disease are required.

Chest x-ray Date: month/day/year _____ Interpretation: _____

Copy of the x ray result must be submitted.

Medication(s): Name(s) and Dosage(s) _____ Dates taken: _ month/day/year _____

I attest that the student is free of symptoms: haemoptysis, cough, fever, night sweats, weight loss.

Initials of medical provider: _____

2. Titers and vaccines: COPY OF THE LAB REPORT TITERS WITH NUMERIC VALUES ARE REQUIRED.

Measles	Mumps	Rubella	Varicella**	Hepatitis B	TDaP*
<input type="checkbox"/> Immune	<input type="checkbox"/> Immune	<input type="checkbox"/> Immune	<input type="checkbox"/> Immune	<input type="checkbox"/> Immune	-----
<input type="checkbox"/> Not immune	<input type="checkbox"/> Not immune	<input type="checkbox"/> Not immune	<input type="checkbox"/> Not immune	<input type="checkbox"/> Not immune	-----
If not immune, dates of vaccines					
Measles or MMR Dates: Month/day/year 1. 2.	Mumps or MMR Dates: Month/day/year 1. 2.	Rubella or MMR Dates: Month/day/year 1. 2.	Dates: Month,day,year 1. 2.	Dates: Month,day, year 1. 2. 3.	Date: Month,day, year 1.

*If Td only was given, the student needs a dose of TDaP. No titers are required.

** Varicella titers are required even if the student had the disease.

In compliance with the New York Health Code, I examined the above student. He/she is free from any health or behavioral issues
I attest that the above information is true.

Name: _____ Signature: _____ Date: _ month/day/year _____

Address/phone/email: _____