

# UNIVERSITY OF UTAH SCHOOL OF MEDICINE APPLICATION FOR SENIOR ELECTIVE

**SECTION I: TO BE COMPLETED BY STUDENT. Use one form for each elective. Type or use ballpoint pen.**

1.	The \$100.00 ( <b>non-refundable</b> ) application processing fee has been paid through the University of Utah secure credit card site. ( <b>Application processing will not begin without fee payment.</b> )	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Prior to elective start date, student will complete the HIPAA training required by the clinical facility assigned to the student in order to start the rotation. <b>Any training completed at the student's school will not be accepted.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name: \_\_\_\_\_ SS #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Medical School (Complete Name): \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Dates must correspond to our Elective Block Dates (See Schedule). One application per each elective. It is suggested that you list more than one set of dates for availability, additional dates may be listed on backside of application.

Course Number & Course Title	Inclusive Dates of Elective
1 <sup>st</sup> Choice	To
2 <sup>nd</sup> Choice	To

**SECTION II: TO BE COMPLETED BY THE DEAN OF STUDENTS OR AUTHORIZED REPRESENTATIVE OF THE APPLICANT'S MEDICAL SCHOOL.**

1.	The medical student named above is in good standing.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	The medical student is approved to participate in the elective specified.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	The medical student has completed the prerequisites as indicated in the Senior Elective Catalog.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	The medical student is covered by malpractice insurance with limits of at least 1 million dollars per occurrence / 3 million dollars per aggregate. ( <b>Application will be denied if limits are not met</b> )	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	The medical student is covered by health insurance.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	The medical student has received the following immunizations: TB, Diphtheria/Tetanus, MMR (two doses), Polio, and Hepatitis B (3 doses).	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	The medical student has received an influenza immunization for the season of requested rotation. ( <b>Must bring date and location of immunization at check-in with student affairs or send with application.</b> )	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	I am aware the medical student must comply with the current "Medical Student Clinical Teaching Affiliation Agreement" between the University of Utah School of Medicine <b>and the clinical facility</b> assigned to the student.	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	I am aware that the home school's evaluation must accompany this application, otherwise the University of Utah School of Medicine's evaluation form will be used.	Yes <input type="checkbox"/> No <input type="checkbox"/>

SIGNATURE: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**\*SCHOOL SEAL\***

Please return this application to: Visiting Student Program Coordinator, Office of Student Affairs, University of Utah School of Medicine, 30 North 1900 East, Rm1C101, Salt Lake City, Utah 84132-2101. **Faxes will not be accepted.**

**SECTION III: TO BE COMPLETED BY THE DEPARTMENT OR DIVISION WHERE STUDENT WILL TAKE ELECTIVE.**

YOUR APPLICATION HAS BEEN APPROVED FOR THE FOLLOWING ELECTIVE:

TO \_\_\_\_\_

Department \_\_\_\_\_ Course Number and Course Title \_\_\_\_\_ Inclusive Dates \_\_\_\_\_

**\*\*\*MANDATORY: Please report to the Student Affairs Office, Room 1C101 SOM, at 8:00 a.m. to sign in. You will not be allowed to start your rotation until this is done. You will then report to your rotation below.**

Report to: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_ Date: \_\_\_\_\_