



Visiting Student Program Application Checklist

Name (last, first): _____

School: _____

- Application Form**
- Letter of Good Standing** to include 1) student is in good standing, 2) passed USMLE Step 1 (except Canadian medical school students), 3) will be in senior year at the time of the elective, 4) has been instructed in OSHA safety measures and infection control precautions, 5) completed HIPAA training, 6) has active ACLS or BLS certification, 7) has completed a criminal background check (within the last 18 months), and 8) completed a Mask Fit Test (within the last 12 months)
 - Note: Applicants to electives that rotate partly or entirely at Rady Children's Hospital need to be cleared on background checks that include the following:
 - National sex offender database search.
 - National criminal database search.
 - County criminal background checks on all counties of residence or work disclosed.
 - Social Security trace.
 - Office of Inspector General excluded parties list.
 - General Services Administration excluded parties list.
- Core Clerkship Evaluation** in the closest specialty to your elective choice
 - E.g. Internal Medicine for Dermatology, Emergency Med, Radiology/Surgery for any Surgery subspecialty, Anesthesiology, Ophthalmology, etc.)
 - If it is not possible to send a core clerkship evaluation, submit a letter containing the same information covered in the evaluation, signed by a faculty member who worked with you.
- AAMC's Standardized Immunization Form**
<https://www.aamc.org/download/440110/data/immunizationform.pdf>
- Proof of Personal Health Insurance** (copy of health insurance card)
- Transcript**
- CV**
- USMLE Step 1 score** (unofficial copy is acceptable; not required for Canadian medical school students)
- Please sign to acknowledge you have read and agreed to [UC San Diego's technical standards](#):**

Signature _____

Elective Specific Requirements

- Urology Applicants** Letter of recommendation from a Urologist
- ORTHO Applicants** Completion of supplemental questionnaire
- Rady Site Screening** Rady Children's Hospital currently does not allow for visiting medical students to come to their campus for 14 days post travel to CDC Warning Level 3 countries. See this site for the most updated list: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

Submit all documents to:

Visiting Student Program
UCSD School of Medicine
Room 120 Medical Education & Telemed Bldg
9500 Gilman Drive #0606
La Jolla, CA 92093-0606

Accepted students must submit a processing fee of \$300.00 payable to "UC Regents". This is due after an offer has been extended for the course. Do not send in payment at this time.

Admission into the Visiting Student Program does not constitute admission or matriculation into UCSD School of Medicine. Any expenses required for disability accommodation of a visiting student must be borne by the student's home institution.



Visiting Student Program | Senior Clinical Clerkship Application

Instructions

1. Complete Sections 1 and 2 and return **ORIGINAL** to: Visiting Student Program, UC San Diego School of Medicine, 9500 Gilman Drive #0606, Medical Education & Telemed Bldg Rm 120, La Jolla CA 92093-0606.
2. Please type or print.
3. Affix school seal as indicated.
4. Questions? Contact us at visitingstudents@health.ucsd.edu.

SECTION 1 (To be completed by applicant)

NAME (last, first): _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ PHONE: _____

MEDICAL SCHOOL: _____

YEAR IN MED SCHOOL: _____ DATE OF GRADUATION: _____

Do you plan to apply for a residency position at UCSD? Yes* _____ No _____

*If yes, indicate Dept: _____

OF ELECTIVES YOU WISH TO TAKE (MAX. 3): _____ GIVE PRIORITY TO (CHECK ONE): ELECTIVE _____ DATES _____

<p>LIST ELECTIVE(S), INCLUDING ALTERNATE(S):</p> <p>Course ID: _____</p> <p>Course ID: _____</p> <p>Course ID: _____</p> <p>Course ID: _____</p> <p>Course ID: _____</p>	<p>LIST DATE(S), INCLUDING ALTERNATE(S):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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SECTION 2 (To be completed by Dean of Students or designated official at applicant's school)

The above named student is in good standing at this institution and remains enrolled at his/her home school, paying tuition during the period indicated. **Medical malpractice insurance and personal health/accident insurance ARE in effect while the student is away from his/her school.** A criminal background check has been processed on the student in the past 18 months with no resulting convictions. This student is authorized to take clinical instruction and will receive academic credit. The student will have completed the following required clerkships prior to this elective:

Core Course	# of wks	Date completed	Core Course	# of wks	Date completed
Medicine			Pediatrics		
Surgery			Psychiatry		
Ob/Gyn			Neurology		
			Other _____		

Confirmation by school official:

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

