

APPLICATION FOR VISITING MEDICAL STUDENT ELECTIVE

See [website](http://www.hopkinsmedicine.org/som/students/academics/electives.html) for complete listing of electives: <http://www.hopkinsmedicine.org/som/students/academics/electives.html>

Application for Elective Type: (select one) Clinical Research

Last Name: _____	First Name: _____	U.S. SSN: _____
Date of Birth: _____ (mm/dd/yyyy)	Country of Citizenship: _____	Gender: Male Female
Medical School: _____	Year in Program: _____	Program Length: _____ (in years)
Anticipated Graduation Date: (m/yyyy) _____		
Mailing Address: _____		
Email Address: _____	Telephone: _____	
Emergency Contact Last Name: _____	First Name: _____	
Email Address: _____	Telephone: _____	
<i>Elective Preferences (list three):</i> For clinical electives, prerequisite: completion of core clerkship in elective specialty; core clerkship grade is required on official transcript. For research electives, indicate the department and preceptor as listed in the elective book.		
1. _____		
2. _____		
3. _____		
Dates of Elective: _____	For clinical electives, dates MUST follow JHUSOM academic calendar; other dates will not be considered. Research electives are not required to follow the academic calendar.	

I have read and understand the provided policies on the [visiting student website](http://www.hopkinsmedicine.org/som/students/policies/visitors.html):
<http://www.hopkinsmedicine.org/som/students/policies/visitors.html>

(Signature)

Payment of registration fee provides access to the University Health Services' student health clinic.

Approval of Student's Medical School To be completed by Dean of Students or comparable official at medical school where the student is enrolled.		
1. Is the medical student in good standing at this institution?	Yes	No
2. Does malpractice insurance cover the student while away from their school?	Yes	No
3. Is personal health coverage in effect while the student is at Johns Hopkins University SOM?	Yes	No
4. Is the medical student approved to take this elective for credit?	Yes	No
5. Does the medical student require special accommodations for a disability? If yes, please describe in separate document.	Yes	No
6. Has the student completed training on universal precautions for the handling of body fluids and sharp instruments?	Yes	No
7. Does your medical school require a criminal background check?	Yes	No
Print Name/Title of Official Completing Form: _____		
Signature of Official: _____		
At the conclusion of the elective, a Johns Hopkins University School of Medicine evaluation will be sent to the email address/postal address indicated here:		