

United States medical school: refers to any LCME-accredited medical school located in the United States, Canada, or Puerto Rico.

Osteopathic medical school: refers to any AOA-accredited Osteopathic medical school.

International medical school: refers to all other schools, including Caribbean medical schools.

Eligibility Requirements for International Medical Students:

Prospective students for the Visiting Clerkship program:

- Must be in good standing at their medical school.
- Must have completed at least one year of in-hospital clinical training and have completed all core clerkships in Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery.
- Must be pursuing a medical degree.
- Must rotate **before they graduate from medical school.**

Application information for International Medical Students:

Although visiting rotations are available in virtually every aspect of medicine, you should be aware that they are designed specifically for students enrolled in their final year of medical school who have **already** completed one full year of in-hospital clinical training **prior** to an anticipated elective at Northwestern University. It is required that visitors first complete basic clerkships in **Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery** **before** participating in any electives. Certain specialty electives may have prerequisites. Please check each individual listing in the elective catalog for details.

All Visiting Student rotations are scheduled through the Visiting Student Coordinator in the Office of Medical Education. Clerkship assignments for visiting students are made after our own students' schedules have been completed after May 1 for the upcoming academic year. Northwestern students always have priority on available clerkships. Rotations are assigned on a space-available basis, and registration is restricted to a **maximum of eight weeks**.

Application form: If you meet the eligibility requirements, please fill out this form in its entirety (see pages below). Rotations are 4 weeks in length and registration is restricted to a **maximum of eight weeks**.

Use one application if you would like to rotate for one 4-week block (up to 3 different rotation choices may be listed, with up to 4 dates). If you would like to rotate two times (two 4-week rotations), 2 application forms must be used and original documentation **in duplicate** must be submitted, for example, 2 application forms, 2 transcripts, 2 letters of recommendation, etc. If you are submitting 2 applications, you must choose **different elective choices and different dates per application**. Only original documents will be accepted. **Copies, faxes, or scanned documents will not be accepted. Incomplete applications will not be processed. If you are not scheduled, you cannot submit additional elective choices. Do not attach additional elective choices beyond the 3 possible options.**

Application processing fee: An application fee of \$125.00 for 1 application and \$225.00 for 2 applications is required. Credit card is the only acceptable form of payment. See website for the credit card form. **DO NOT** send cash, checks, bank drafts or money orders. The application fee is non-refundable unless Northwestern is unable to schedule a student for an elective, in which case \$25 per application denied is refundable. No refund is available for an accepted student who cancels prior to the scheduled elective, withdraws an application after it has begun processing or withdraws after the rotation has begun. The application fee may not be carried over to another month.

Dean's Certification: Section II of the application **must** be completed and signed by your medical school Dean or designee. **Only documents with an original signature and seal will be accepted. Incomplete forms will not be processed. Copies, faxes, or scanned documents will not be accepted.**

Supplemental Application Form: Please fill out this form in its entirety.

Personal Statement: please submit a personal statement (not more than one side of one page) describing your interest in your choice of elective(s) and your career goals. Please submit **different and unique** personal statement for **each** elective listed on your application(s). (3 elective choices = 3 personal statements).

What is a personal statement? “It is a concise essay about one's career goals, identified means to achieve them and accomplishments so far towards those goals.” (from Wikipedia) Please state **in your own words** why you wish to take a particular elective, what you can contribute to Northwestern, and how this elective will help your future career goals.

Immunization Form: The Northwestern University immunization form must be completed by a personal physician or the home school health office in order for your application to be processed. Only an original signature will be accepted. Copies, faxes, or scanned copies of the NU immunization form will not be accepted. A substitute health form will not be accepted. Please attach the requested laboratory reports. **All health documentation must be submitted in ENGLISH.** Failure to do so will delay processing of your application.

Letter of Recommendation: One general letter of recommendation from a faculty member who has observed you clinically is required. **The letter must comment on your clinical abilities and performance, and must be in English.** Letters of good standing and/or Dean's Letters are not appropriate substitutes. **Some departments have specific letter of recommendation requirements. Please refer to the elective catalog for details.** Only **original documents** will be accepted with a faculty member's signature on official stationery. **Copies, faxes, or scanned documents will not be accepted.**

Curriculum Vitae: please submit your most current CV. Your email address should be listed clearly on your CV.

An official transcript: please submit a current, original, sealed transcript from your medical school's Registrar's office. Your transcript must show all grades or marks from the required core clerkships (**Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery**). **If a core clerkship grade/mark is unavailable, please include a supplementary letter from your Registrar's office explaining when you have or will complete the clerkship (specific dates must be mentioned) and why the grade/mark is not listed. All core clerkships must be completed before you can begin an elective.** Transcripts may be sent separately from your application; however, applications will be held and not processed until all required documents have been received by the application deadline. Only original documents will be accepted. Copies, faxes, or scanned documents will not be accepted. **The entire transcript must be submitted in ENGLISH. Translations will be considered official if they bear the signature of the Dean and school seal/stamp on each page.** **If you are submitting 2 applications, the 2nd transcript may be a photocopy of the original.**

Test of English as a Foreign Language (TOEFL): Fluency in English is mandatory. **Do not apply if you do not plan on taking the TOEFL.** In order to assure both your comfort during the clerkship and that of the patients, physicians and other health care workers with whom you will need to interact, we require a score of at least: **NO EXCEPTIONS**

TOEFL test options	Minimum TOEFL scores
Internet-based test	
Listening	20
Reading	20
Writing	20
Speaking	24
Internet-based Total	84
Computer-based Total	223
Paper-based Total	563

The TOEFL exam results must be current (taken within two years of submitting an application), and scores must be sent directly by the Educational Testing Service (ETS) to Northwestern University Feinberg School of Medicine using the **Institutional code: 1547 (Medical Sch.; Chicago) and Departmental code: 00 or 99**. Scores sent by students will not be accepted.

The TOEFL is both an aggregate and a breakdown of each score. You must submit a TOEFL report that fulfills the requirements in all disciplines. **NO exceptions will be made.**

If your school's medium of instruction is English, you are still required to take the TOEFL exam. Substitute language proficiency exams cannot be submitted. Telephone interviews will not be conducted.

Please note: The TOEFL may be waived only if you are a citizen from one of the following countries: Australia, Canada, Ghana, Ireland, Israel, Nigeria, the United Kingdom, and the United States. In order to be considered for a waiver application, you must contact the Visiting Student Coordinator (visitingstudents@northwestern.edu) for an English Language Waiver Application and submit proof of citizenship, typically a copy of your passport, as a fax or scan. The waiver application must be requested and approved prior to submitting an application. If your waiver is denied, you must submit the TOEFL in order for your application to be considered.

Universal Precautions training: To fulfill line 3 on page 2 of the international application, all students must complete training in Universal Precautions. There is a training guide and a quiz on the Visiting student website. Please read the materials, take the quiz, and submit with your application. Substitutions are not accepted.

Health Insurance Portability and Accountability Act (HIPAA): To fulfill line 4 on page 2 of the international application, all students must complete HIPAA training and submit proof with their application. There are many websites that provide basic HIPAA training. Do an internet search for "HIPAA training." Please email the Visiting Student Coordinator if you are still unable to find one.

Passport-size photo: Please attach 1 photo to your application in order to assist residents and attendings in recognizing you more quickly when completing your final evaluation.

When to apply: Summer months are extremely busy with visiting students from US medical schools in their search for residency opportunities. Chances of securing an acceptance during this time are very low. Winter and spring blocks sometimes have more availability.

Deadlines: Visiting students are required to submit a **complete application before the deadline** (see the online rotation calendar for details). **Applications or documentation submitted after the deadlines will not be processed.** Applications should not be sent any earlier than six months prior to the start of the earliest desired elective.

Visa requirements and deadlines: Visiting student application processing takes time as does visa processing. Most International students will require a visa to rotate at Northwestern. It is your responsibility to plan accordingly and to apply far enough in advance to secure an acceptance from Northwestern and have ample time to apply for a visa. If visa processing takes 2 months in your country, please apply 4 months in advance. You will be required to have all travel plans and a visa secured no later than 4 weeks before your start date. Northwestern University is not responsible for visa processing. A visa invitation letter will be provided upon request after you have been accepted.

For the purposes of this elective, a B-1 visa is required. If you are from a visa waiver country, you must register in [ESTA](http://www.electronictravel.com) prior to making any final flight arrangements. Individuals who have or will enter the US for any other purpose (either business or pleasure) regardless of visa type, **cannot** use this visa to rotate at Northwestern. You will be required to provide your I-94 form at registration and disclose the conditions of your admission into the US.

Calendar: Visiting students are required to follow the Northwestern calendar. Dates cannot be modified.

Elective Availability: Due to the daily fluctuation in add/drop requests, all electives are open unless noted in the individual elective description found in the Elective Catalog. To better your chances of an acceptance, please list 3 choices for electives, preferably in different departments (for example: Radiology, Dermatology, Surgery, etc.). No more than 3 elective choices are allowed per application. Internal Medicine and Pediatrics electives are very competitive; other departments may have more availability. Some electives are closed to visiting students during

certain rotation blocks. Please refer to the elective catalog for details. **Do not contact course directors or department heads. Do not inquire about availability. The Visiting Student Coordinator does not have information on openings.** Spaces are not reserved and students are placed on a first-come, first served basis.

Elective Catalog: In this catalog, you will find the offerings at Northwestern Memorial Hospital and Children's Memorial Hospital, as well as other Northwestern affiliated sites. There is a course number (ex: AAA.XXXX.04.NMH) and description for each rotation offered. Please write the course number and rotation name on your application. Since rotations are 4 weeks in length, you may not rotate in the same elective for 8 weeks (for example, you may not rotate in Diagnostic Radiology for both Summer 1 and Summer 2). Length in electives cannot be modified.

Acceptance: In order to be fully accepted to our program, you must receive an acceptance letter from the Visiting Student Coordinator in the Office of Medical Education. An accepted student will receive an official acceptance email with an attached letter in .pdf format. Approval from departments does not signify that you have been accepted to rotate. Registration is restricted to a **maximum of eight weeks.**

****If you are accepted to rotate, you must decide if you will confirm or cancel the offer of acceptance within 4 weeks of receipt of the acceptance email.**

- **If you wish to accept the elective, you must submit the confirmation form (see website). Receipt of the confirmation form AND the full tuition payment by the Visiting Student Office is the only way to reserve your spot within the elective you have been offered.**
- If you wish to cancel the offer of elective, you must submit the cancellation form (see website).

Tuition: International medical students who are accepted to rotate must pay a tuition fee of \$1200.00 per elective. **Tuition payment must be received along with the confirmation form in order to reserve your spot within the elective to which you have been accepted.** Credit card is the only acceptable form of payment. See website for the credit card form. **DO NOT** send cash, checks, bank drafts or money orders.

Health requirements: Any student entering a healthcare-related program, regardless of citizenship, must submit proof of a TB skin test or QuantiFERON-GOLD test done in the United States within six months prior to registration. **This is not required in order to apply, but will be required if you are accepted.** If you have rotated at another US medical school and have had either of these tests done within six months prior to review of your application, you may include this with your application. If this is not an option and you are accepted, you will have a QuantiFERON-GOLD test administered at Northwestern.

Malpractice Insurance: If your medical school does not provide coverage, Northwestern University will provide coverage for international visiting students at no cost.

Health Insurance: All visiting students must be covered by health insurance during the time they are rotating. Students must purchase the Northwestern University Visiting Scholar Health insurance plan for \$225.00 for one rotation and \$405.00 for two rotations. Additional charges will incur if your stay is longer. Do not send payment with your application. Payment for insurance is due after you are accepted, no later than 2 weeks prior to your start date.

Changes in electives: Once a student has been scheduled to rotate, ***no change in elective choice or rotation block will be allowed.*** This policy cannot be overridden by a department or an attending.

Late Arrivals: We do not tolerate late arrivals. Rotations have specific start and end dates. If you cannot arrive on time for your rotation, you will need to cancel your rotation.

Cancellations: If you cannot attend a scheduled elective, you must notify the Visiting Student Coordinator by submitting a cancellation form (see website) **within 4 weeks of receipt of the acceptance email.** The Visiting Student Coordinator will then notify the department that you cannot attend. No re-scheduling of electives is permitted. ***If you fail to notify the Visiting Student Coordinator within 4 weeks of receipt of the acceptance email, Northwestern will withdraw you from any future scheduled elective and your school will be notified.***

Incomplete applications will not be processed. Here is a checklist for your use:

	I understand all policies above and will submit all required documentation. Departments or attendings cannot override Feinberg School of Medicine policies or requirements.
	I understand the application deadlines.
	I attached a passport-size photo to my application.
	I filled out the application form in its entirety. I did not list more than 3 elective choices per application.
	I understand that one application form is used per 4-week rotation block. To better my chances of securing an elective, I have listed up to 3 different elective choices and up to 4 different rotation periods per application. If you wish to rotate 8 weeks, two applications must be filled out with 3 different choices and different dates per application.
	I understand that I may apply for a maximum of 2 electives (4 weeks each).
	I understand that if I am applying for two electives, 2 separate application forms must be filled out and original documentation <i>in duplicate</i> must be submitted (i.e., 2 transcripts, 2 letters of recommendation, etc.)
	I enclosed the appropriate application fee: \$125.00 - 1 application or \$225.00 – 2 applications. Credit card is the only acceptable form of payment. See website for the credit card form. DO NOT send cash, checks, bank drafts or money orders.
	I understand that rotation dates may not be modified and that I must follow the Northwestern calendar.
	My medical school Dean or designee filled out Section II of my application with an original signature and seal.
	I have included a different & unique personal statement for each elective choice listed on my application(s). Each is not more than of 1 side of 1 page in length.
	I enclosed an official, current transcript in ENGLISH that is sealed by my Registrar’s office. My transcript shows all grades from the required third year clerkships (Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery). If a grade/mark is missing, I have included a letter from my Registrar’s office explaining why the grade/mark is not listed.
	I enclosed a letter of recommendation, not a letter of good standing or Dean’s Letter. A letter of recommendation is required to apply and the letter must be in ENGLISH. I have checked the elective catalog for specific & additional departmental requirements.
	I enclosed my most current curriculum vitae (CV).
	I have enclosed the completed Universal Precautions quiz <u>from the website</u> and proof of Health Insurance Portability and Accountability Act (HIPAA) training.
	I have checked the elective catalog for special departmental application requirements.
	I have requested that my TOEFL scores be sent directly from ETS.
	I enclosed the Northwestern University Immunization form in original form and attached additional documentation/lab reports. It is filled out and signed by my personal physician or my school’s health office.
	I understand that documentation may arrive separately, but it is preferable to send the application in as few mailings as possible. Multiple mailings may delay my application.
	I understand that, if accepted, there is a \$1200.00 tuition fee due per elective.
	<i>I understand that incomplete applications will not be processed.</i>
	I understand that I must send original documentation to apply for an elective. Applications cannot be faxed or emailed. Please send all <u>completed</u> applications to: Northwestern University Feinberg School of Medicine Jennifer Banys, Visiting Student Program Coordinator Augusta Webster Office of Medical Education, Ward 1-003 303 E. Chicago Avenue Chicago, IL 60611

attach
photo
here

**DO NOT
use staples**

Northwestern University Feinberg School of Medicine
APPLICATION FOR THE VISITING STUDENT ELECTIVE PROGRAM
 2011-2012 Academic Year

Please return all application materials to:
 Northwestern University Feinberg School of Medicine
 Jennifer Banys, Visiting Student Program Coordinator
 Augusta Webster Office of Medical Education, 303 E. Chicago Avenue, Ward 1-003
 Chicago, IL 60611 USA

Rec'd: _____/_____/____
<input type="checkbox"/> App. fee
<input type="checkbox"/> App. form
<input type="checkbox"/> Supp. Form
<input type="checkbox"/> Per. statement
<input type="checkbox"/> Transcript
<input type="checkbox"/> LOR
<input type="checkbox"/> CV
<input type="checkbox"/> UP/HIPAA
<input type="checkbox"/> TOEFL
<input type="checkbox"/> Health form
Comp: _____/_____/____

SECTION I: To be completed by applicant. (please print clearly)

Last Name: _____ First Name: _____ Gender: M F

Citizenship: _____ Date of Birth: _____ (mm/dd/yy)

Email address: _____ Telephone number: _____

Medical School: _____ Country: _____

Primary Mailing address Line 1		
Line 2		
City	Country	Postal Code
Emergency contact name & phone number:		

Address of home school Registrar or equivalent (Dean, etc.)::

Medical School		
Name and Title of school official		
Street address		
Street address (2)		
City	Country	Postal Code

By the time of my requested rotation, I will have completed core clerkships in: (list number of weeks)

Int. Medicine: _____; OB-GYN: _____; Pediatrics: _____; Surgery: _____; Other: _____

I wish to apply for the following electives (maximum of 3):

1st: Elective name: _____ Course #: _____

2nd: Elective name: _____ Course #: _____

3rd: Elective name: _____ Course #: _____

Northwestern elective dates: (Rank your top choices in order (up to 4): 1 = 1st choice, 2 = 2nd choice, etc.)

SUMMER

___ July 5- July 29, 2011 (Summer 1)

___ August 1- August 26, 2011 (Summer 2)

___ August 29- September 23, 2011 (Summer 3)

WINTER

___ January 3- January 27, 2012 (Winter 1)

___ January 30- February 24, 2012 (Winter 2)

___ February 27- March 23, 2012 (Winter 3)

FALL

___ September 26- October 21, 2011 (Fall 1)

___ October 24- November 18, 2011 (Fall 2)

___ November 21- December 16, 2011 (Fall 3)

SPRING

___ March 26- April 20, 2012 (Spring 1)

___ April 23- May 18, 2012 (Spring 2)

___ May 21- June 15, 2012 (Spring 3)

Last Name: _____ First Name: _____

SECTION II: To be completed by the Dean or designee of Student's Medical School.

- 1. The above named student is in good standing at this school and is in the _____ th year of a _____ th year program. Yes No
- 2. The student will have completed the core clerkships mentioned above prior to the dates for which the elective is requested. Yes No
- 3. The student has completed training in the universal precautions for the handling of body fluids and sharp instruments. **Please attach proof of training** Yes No
- 4. The student has completed Health Insurance Portability and Accountability Act (HIPAA) training. **Please attach proof of training.** Yes No
- 5. The student is authorized to take this clerkship for credit. Yes No
- 6. The student has a class rank of _____ out of _____.
- 7. The student has an anticipated graduation date of (month) _____ (day) _____ (year) _____
(DO NOT LEAVE BLANK)

Signed: _____ Date: _____

Printed name: _____ Title: _____

Place School Seal Here

~~~~~Do not write below this line~~~~~

**Section III: Approval by NUFSOM Visiting Student Coordinator**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Section IV: Approval by NUFSOM elective department**

Your application for the elective \_\_\_\_\_ course number \_\_\_\_\_  
has been approved for the dates: \_\_\_\_\_ Block: \_\_\_\_\_  
(eg. Summer 2)

**You should report to:**

Name: \_\_\_\_\_ Phone/pager number: \_\_\_\_\_

Address: \_\_\_\_\_

Building: \_\_\_\_\_ Floor/room number \_\_\_\_\_

Campus:  NMH  CMH Other: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

This student will need Powerchart viewing access: YES NO

This student will need Powerchart charting access: YES NO (training required)

Special Instructions: \_\_\_\_\_

Signed: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Northwestern University Feinberg School of Medicine  
 VISITING STUDENT ELECTIVE PROGRAM  
 2011-2012 Academic year

**SUPPLEMENTAL APPLICATION FORM FOR INTERNATIONAL STUDENTS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

| Clerkship  | Inpatient (# of weeks) | Outpatient (# of weeks) | Total |
|------------|------------------------|-------------------------|-------|
| Medicine   |                        |                         |       |
| OB-GYN     |                        |                         |       |
| Pediatrics |                        |                         |       |
| Surgery    |                        |                         |       |
| Other:     |                        |                         |       |
| Other:     |                        |                         |       |
| Other:     |                        |                         |       |

1. I have taken histories and have done physical exams. Yes No
2. I have presented patient's cases to an attending physician. Yes No
3. I have entered notes into a patient's record. Yes No
4. I have scrubbed in the operating room. Yes No
5. I have taken the USMLE Step 1. Score \_\_\_\_\_ Yes No
6. I have participated or will participate in a clinical rotation in the United States. Yes No

If so, where? \_\_\_\_\_  
 \_\_\_\_\_

7. Please list your strongest clinical skills.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. I am interested in residency in the United States. Yes No

I certify that the above statements are true and correct.

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

Northwestern University Feinberg School of Medicine  
VISITING STUDENT ELECTIVE PROGRAM  
2011-2012 Academic year

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Applying to: Department: \_\_\_\_\_ Elective: \_\_\_\_\_

**Personal Statement:** (*either type or print clearly- maximum of 1 side of 1 page*)

Please describe your interest in the rotation you are applying to and your future career goals. Describe what you hope to contribute to the program and what you hope to learn during your time here. **A unique personal statement is required for each elective listed on your application(s).**

I certify that the personal statement was written by me and the above statements are true and correct.

Student's signature \_\_\_\_\_ Date: \_\_\_\_\_

**International Applicant ~International Applicant ~International Applicant ~**