

**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.

Northwestern's Global Partner Institutions include the following universities:

Continent	University	Location
Africa	Stellenbosch University	Stellenbosch, South Africa
	Makerere University	Kampala, Uganda
Asia	Capital Medical University	Beijing, China
	National Taiwan University	Taipei, Taiwan
	Keio University	Tokyo, Japan
Central/South America	Universidad Panamericana	Mexico City, Mexico
	Pontificia Universidad Catolica de Chile (PUC)	Santiago, Chile
Europe	Université Paris Diderot 7	Paris, France
	Université de Strasbourg (Université Louis Pasteur)	Strasbourg, France
	Université François Rabelais	Tours, France
	Charité-Universitätsmedizin	Berlin, Germany
	Universidad de Murcia	Murcia, Spain
	Karolinska Institutet	Stockholm, Sweden

Medical students from the above universities should contact their medical school's international coordinator before applying.

If your medical school is not listed above, please fill out an application for an "**International Student.**"

**Eligibility Requirements for Medical Students from our Partner Institutions:**

Prospective students for the Visiting Clerkship program:

- Must be a medical student enrolled in one of the above universities.
- Must receive prior approval from their school's academic office.
- 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 Partner Institution 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 (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.**

**Application processing fee:** The application fee is waived for Partner students.

**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.

**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. LOR's must be in ENGLISH.**

**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**). 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. **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. 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 2<sup>nd</sup> transcript may be a photocopy of the original.**

**English Proficiency Test:** Fluency in English is mandatory. 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 strongly recommend that you submit a TOEFL exam with minimum scores of:

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

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**. If you have taken a different English Proficiency test, please contact the Visiting Student Coordinator prior to submitting your application to determine if those results may be submitted in place of the TOEFL.

**Universal Precautions training:** To fulfill line 3 on page 2 of the Global Partner 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.

**Health Insurance Portability and Accountability Act (HIPAA):** To fulfill line 4 on page 2 of the Global Partner application, all students must complete HIPAA training. Please submit proof of training with your application. There are many websites that provide basic HIPAA training. Try a Google search for “HIPAA training.” Please email the Visiting Student Coordinator if you are 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.

**Deadlines and Application Procedures-FOR PARTNER STUDENTS ONLY:** Partner students are required to first submit their application(s) via email as a .pdf attachment a minimum of 7 months in advance of the earliest requested rotation block. The Visiting Student Coordinator will review your application and notify you via email if there are any missing or incorrect items. Once you have received email notification that your application is complete, you must mail your application documents so that they are received at least 5 months in advance of the earliest requested rotation block.

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

**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 have more availability.

**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](#) 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.

**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. Please list all 3 choices for electives to better your chances of being placed. 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 serve 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) listed below the name of the rotation and description for each rotation offered. Please write the course number and rotation name on your application. Failure to include this information will only delay 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 email notification of official acceptance 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**. **Please submit the confirmation form to secure your elective (see website).**

**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 Global Partner visiting students at no cost.

**Health Insurance:** All visiting students, including Partner 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.

**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.*

**Residency programs:** If you are an international student interested in the match process and residency programs and do not hold US citizenship, you must check the visa requirements with your school's academic office and embassy before applying to a residency program. It is also suggested that you seek the advice of an immigration lawyer.

**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 that one application form is used per 4-week rotation block. To better my chances of securing an elective, I have listed 3 different elective choices and 4 different rotation periods per application. <b><u>If you wish to rotate 8 weeks, two applications must be filled out with 3 different choices and different dates per application.</u></b>
	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 <b><u>in duplicate</u></b> must be submitted (i.e., 2 transcripts, 2 letters of recommendation, etc.)
	I understand the application deadlines and application procedures for Partner students. I have already submitted my application via email to the coordinator and have been instructed to submit it via postal mail.
	I understand that rotation dates may not be modified and that I must follow the Northwestern calendar.
	I filled out the application form in its entirety.
	My medical school Dean or designee filled out Section II of my application with an original signature and seal.
	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 have submitted <b>all documentation in English.</b>
	I enclosed a letter of recommendation in English, not a letter of good standing or Dean's Letter. A letter of recommendation is required to apply and <b>must be in ENGLISH.</b> I have checked the elective catalog for additional departmental requirements.
	I enclosed my most current curriculum vitae (CV).
	I have enclosed the completed Universal Precautions quiz from the website and proof of HIPAA certification.
	I have requested that my TOEFL scores be sent by ETS to Northwestern University Feinberg School of Medicine using the <b>Institutional code: 1547 (Medical Sch.; Chicago) and Departmental code: 00.</b>
	I enclosed an official, current transcript 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, please submit a letter from your Registrar's office stating why the grade/mark is not listed. <b><u>My entire transcript has also been translated and submitted in ENGLISH.</u></b>
	I have checked the elective catalog for special departmental application requirements.
	I attached 1 passport-size photo to each application.
	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.
	<b><i>I understand that incomplete applications will not be processed.</i></b>
	<p><b>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:</b></p> <p><b>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</b></p>

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 Banyas, Visiting Student Program Coordinator  
 Augusta Webster Office of Medical Education, 303 E. Chicago Avenue, Ward 1-003  
 Chicago, IL 60611 USA

*Office use only*

Rec'd: \_\_\_/\_\_\_/\_\_\_

- App. form
- Transcript
- LOR
- CV
- UP/HIPAA
- TOFEL
- 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: \_\_\_\_\_

<b>Primary Mailing address</b> 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:**

1<sup>st</sup>: Elective name: \_\_\_\_\_ Course #: \_\_\_\_\_

2<sup>nd</sup>: Elective name: \_\_\_\_\_ Course #: \_\_\_\_\_

3<sup>rd</sup>: Elective name: \_\_\_\_\_ Course #: \_\_\_\_\_

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

**SUMMER**

\_\_\_ July 5- July 29, 2011 (Summer 1)

\_\_\_ August 1- August 26, 2011 (Summer 2)

\_\_\_ August 29- September 23, 2011 (Summer 3)

**FALL**

\_\_\_ September 26- October 21, 2011 (Fall 1)

\_\_\_ October 24- November 18, 2011 (Fall 2)

\_\_\_ November 21- December 16, 2011 (Fall 3)

**WINTER**

\_\_\_ January 3- January 27, 2012 (Winter 1)

\_\_\_ January 30- February 24, 2012 (Winter 2)

\_\_\_ February 27- March 23, 2012 (Winter 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. This student is proficient in the English Language and has taken the TOEFL exam within the past 2 years.. Yes No
- 6. The student is authorized to take this clerkship for credit. Yes No
- 7. This 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: \_\_\_\_\_