

**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 US Medical Students:**

Prospective students for the Visiting Clerkship program:

- Must be pursuing a medical degree at an LCME-accredited medical school.
- Must be in their final year of medical school.
- Must be in good standing at their medical school.
- Must have completed all core clerkships in Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery.

### **Application information for US 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 (the 2<sup>nd</sup> transcript may be a copy of the first), 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.**

**Supplemental Application form for Students Underrepresented in Medicine Scholarship:** Northwestern University Feinberg School of Medicine and the McGaw Medical Center of Northwestern University welcome students from diverse backgrounds from the Classes of 2011-2012 to apply for senior elective rotations. We are providing stipends to qualified students to help defray the cost of an away rotation. The program is directed towards those students who would enhance the diversity of our educational environment in terms of ethnicity, gender, personal attributes and skills, race, sexual orientation, socioeconomic status, and work and life experiences. All visiting student application materials must be submitted ***in addition to*** the Visiting Student Elective Program for Students Underrepresented in Medicine Supplemental form. See website for the supplemental application.

**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.

**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:** All students must submit a letter of recommendation from a faculty member who has observed you clinically. The letter must comment on your clinical abilities and performance. Letters of good standing and/or Dean's Letters are not acceptable 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 letterhead. **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 from the required core clerkships (**Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery**). **If a core clerkship grade 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 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. **\*\*If you are submitting 2 applications, the 2<sup>nd</sup> transcript may be a photo copy of the original.**

**Test scores from Step 1 of the United States Medical Licensing Examination (USMLE).** A copy of your score report is required. An original score report is not necessary.

**Malpractice Insurance:** All students must be covered by malpractice insurance in the amount of \$1 million per incident and \$3 million aggregate from his/her home institution. If your school cannot provide this coverage you will be required to purchase supplemental malpractice insurance if you are accepted.

**Health Insurance:** All students must be covered by health insurance either by your school or personal coverage.

**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.

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**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 date of the earliest desired elective.

**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. Please list all 3 choices for electives to better your chances of being placed. No more than 3 choices are allowed per application. 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 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).

**Visa requirements for Non-US citizens:** All F-1 and J-1 students, currently enrolled in a US medical school, must seek authorization from your institution before commencing your rotation at Northwestern.

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

**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.

**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 <b>not</b> 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 <b>3 different choices and different dates per application.</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><i>in duplicate</i></b> 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. <b>DO NOT</b> 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 enclosed an original and 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 is missing, please submit a letter from your Registrar’s office stating why the grade is not listed.
	I enclosed a letter of recommendation, <b>not</b> a letter of good standing. A letter of recommendation is required to apply. I have checked the elective catalog for additional specific departmental requirements.
	I enclosed my most current curriculum vitae (CV) and Step 1 scores.
	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 checked the elective catalog for special departmental application requirements.
	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 application processing.
	<b><i><u>I understand that incomplete applications will not be processed.</u></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

*Office use only*

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

- App. fee
- App. form
- Transcript
- LOR
- Step 1
- CV
- Health form

Comp: \_\_\_/\_\_\_/\_\_\_

**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

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M F

Email address: \_\_\_\_\_ phone number: \_\_\_\_\_

Medical School: \_\_\_\_\_ date of birth: \_\_\_\_\_ (mm/dd/yy)

<b>Primary Mailing address</b> Line 1		
Line 2		
City	State	Zip Code
Emergency contact name/phone number:		

**Address of home school Registrar or equivalent (Dean, etc.) where final evaluation is to be sent:**

Medical School		
Name and Title of school official		
Street address		
Street address (2)		
City	State	Zip Code
Phone Number	Fax Number	

**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 am also applying for the Students Underrepresented in Medicine scholarship.** Yes No (supplemental application req.)

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

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.)**

<p><b>SUMMER</b></p> <p>___ July 5- July 29, 2011 (Summer 1)</p> <p>___ August 1- August 26, 2011 (Summer 2)</p> <p>___ August 29- September 23, 2011 (Summer 3)</p> <p><b>FALL</b></p> <p>___ September 26- October 21, 2011 (Fall 1)</p> <p>___ October 24- November 18, 2011 (Fall 2)</p> <p>___ November 21- December 16, 2011 (Fall 3)</p>	<p><b>WINTER</b></p> <p>___ January 3- January 27, 2012 (Winter 1)</p> <p>___ January 30- February 24, 2012 (Winter 2)</p> <p>___ February 27- March 23, 2012 (Winter 3)</p> <p><b>SPRING</b></p> <p>___ March 26- April 20, 2012 (Spring 1)</p> <p>___ April 23- May 18, 2012 (Spring 2)</p> <p>___ May 21- June 15, 2012 (Spring 3)</p>
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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. Yes No
- 2. At the time of the requested elective, the student will be matriculated at this school in his/her **final** year of medical school. Yes No
- 3. The student will have completed the core clerkships mentioned above prior to the dates for which the elective is requested. Yes No
- 4. The student has completed training in the universal precautions for the handling of body fluids and sharp instruments. Yes No
- 5. The student has completed HIPAA training. Yes No
- 6. Malpractice insurance in the amount of \$1 million per occurrence/ \$3 million aggregate will cover the student while rotating away. Yes No
- 7. The student will have health insurance in effect during this period. Yes No
- 8. The student is authorized to take this clerkship for credit. Yes No
- 9. 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: \_\_\_\_\_