



Northwestern University's Feinberg School of Medicine Visiting Clerkship program 2008-2009 Academic year

United States medical school: refers to any LCME-accredited medical school located in the United States, Canada, Puerto Rico. **Osteopathic medical school:** refers to any AOA-accredited Osteopathic medical school. **International medical schools:** refers to all other schools. **Global Partners:** see website.

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 (Osteopathic students: see website):

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 Clerkship 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: Please fill out this form in its entirety (see last 2 pages). If eligibility requirements are met, one application form is used if you would like to rotate one 4-week rotation block (3 different rotation choices may be listed). Rotations are 4 weeks in length and registration is restricted to a **maximum of eight weeks**. 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. 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 for the same month. Do not attach additional elective choices.

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 Class of 2009 interested in a career in Internal Medicine, Pediatrics, Physical Medicine and Rehabilitation, and Obstetrics and Gynecology to apply for elective rotations. We are providing stipends up to \$2,000 for eight (8) qualified students this academic year in our pilot program. The stipend is to help defray the cost of an away rotation and is directed towards those students who would enhance the diversity of our training programs in terms of socioeconomic status, gender, race, ethnicity, personal attributes and skills, 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 form.

Application processing fee: An application fee of \$100.00 per application submitted is required. Credit card, check or money order payable to Northwestern University is acceptable. See website for credit card form. The check must be drawn on a US bank. Do not send cash. The application fee is non-refundable unless Northwestern is unable to schedule a student for an elective, in which case half of the application fee is refundable. No refund is available for an accepted student who cancels prior to the scheduled elective or withdraws after the rotation has begun. The application fee may not be carried over to another month.

US Applicant ~ US Applicant ~ US Applicant ~ US Applicant ~ US Applicant ~ US Applicant ~ 01/08

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. A letter of good standing is not a substitute. **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.

A Curriculum Vitae: please submit your most current 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 grade is missing, please attach a letter from your Registrar's office stating why the grade is not there. 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. It is suggested that you include a sealed envelope with your application materials to ensure faster processing. Only original documents will be accepted. Copies, faxes, or scanned documents will not be accepted.

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.

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

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

Deadlines: Visiting students are required to submit a complete application before the deadline (see 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 a 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. Do not call to inquire about availability. 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. 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, Children's Memorial Hospital, and Evanston Hospital. 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 Clerkship Coordinator in the Office of Medical Education. An accepted student will receive both a hard copy in the mail and email notification. Approval from departments does not signify that you have been accepted to rotate. Registration is restricted to a **maximum of eight weeks**.

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.

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 Clerkship Coordinator via email at least 4 weeks before your start date. A cancellation form must be submitted (see website). Visiting Student Clerkship 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 Clerkship Coordinator, Northwestern may withdraw you from any future scheduled elective and will report this to your school.

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 3 different rotation periods per application. If you wish to rotate 8 weeks, two applications must be filled out with 3 different choices and dates. |
| | 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 <u>in duplicate</u> must be submitted (i.e., 2 transcripts, 2 letters of recommendation, etc.) |
| | I understand the application deadlines. |
| | 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. I did <u>not</u> attach additional sheet of paper for more choices. |
| | My medical school Dean or designee filled out Section II of my application with an original signature and seal. |
| | I enclosed the \$100.00 application fee per application submitted. Please make your check payable to Northwestern University. |
| | 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 enclosed a letter of recommendation, not a letter of good standing. A letter of recommendation is required to apply even if the departments don't require one. I have checked the elective catalog for specific departmental requirements. |
| | I enclosed my most current curriculum vitae (CV), and Step 1 scores. |
| | I enclosed an official, current transcript that is sealed by 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 attach a letter from your Registrar's office stating why the grade is not there. |
| | I have checked the elective catalog for special departmental application requirements. |
| | I enclosed a passport-size photo. |
| | I understand that incomplete applications will not be processed. |
| | I understand that I must send original documentation to apply for an elective. Applications cannot be faxed or emailed. Please send all completed applications to: Northwestern University Feinberg School of Medicine Alie Freund Visiting Student Programs Augusta Webster Office of Medical Education, Ward 1-003 303 E. Chicago Avenue Chicago, IL 60611 |

attach
photo
here

Northwestern University Feinberg School of Medicine
APPLICATION FOR THE VISITING STUDENT ELECTIVE PROGRAM
2008-2009 Academic Year

Please return all application materials to:

Northwestern University Feinberg School of Medicine
Visiting Student Programs, Alie Freund
Augusta Webster Office of Medical Education, 303 E. Chicago Avenue, Ward 1-003
Chicago, IL 60611

Office use only
Rec'd: ____/____/____
 App. fee
 App. form
 Health form
 Transcript
 CV
 LOR
 Step 1
Not'd: ____/____/____

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)

Mailing address Line 1

Line 2

City State Zip Code

Emergency contact name/phone number:

Address 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 elective:

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 7-August 1, 2008 (Summer 1)

___ August 4- August 29, 2008 (Summer 2)

___ September 2- September 26, 2008 (Summer 3)

FALL

___ September 29-October 24, 2008 (Fall 1)

___ October 27-November 21, 2008 (Fall 2)

___ November 24-December 19, 2008 (Fall 3)

WINTER

___ January 5- January 30, 2009 (Winter 1)

___ February 2- February 27, 2009 (Winter 2)

___ March 2- March 27, 2009 (Winter 3)

SPRING

___ March 30-April 24, 2009 (Spring 1)

___ April 27-May 22, 2009 (Spring 2)

___ May 25-June 19, 2009 (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. 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 above mentioned 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) _____

Signed: _____ Date: _____

Printed name: _____ Title: _____

Place School Seal Here

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

**Section III: Approval by NUFSOM Visiting Student Clerkship 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 ENH 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: \_\_\_\_\_