Global Partner Application

2023-2024 Academic Year

This application is for use by students who are applying as Global partner applicants for the Visiting Students’ Program only. Please check with Global Partner Institutions list and the eligibility requirements before completing this application. Medical students from these universities should contact their medical school’s international coordinator before applying. The following universities are Global Partner Institutions of the Feinberg School of Medicine:

<table>
<thead>
<tr>
<th>Continent</th>
<th>University</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>Stellenbosch University</td>
<td>Stellenbosch, South Africa</td>
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<tr>
<td></td>
<td>Makerere University</td>
<td>Kampala, Uganda</td>
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<td></td>
<td>Université Cheikh Anta Diop de Dakar</td>
<td>Dakar, Senegal</td>
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<td></td>
<td>University of Jos</td>
<td>Jos, Nigeria</td>
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<td></td>
<td>University of Ibadan</td>
<td>Ibadan, Nigeria</td>
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<td></td>
<td>University of Sciences, Techniques, and Technologies of Bamako, Mali</td>
<td>Bamako, Mali</td>
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<td></td>
<td>University of Lagos</td>
<td>Lagos, Nigeria</td>
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<tr>
<td>Asia</td>
<td>Peking University</td>
<td>Beijing, China</td>
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<td></td>
<td>Keio University</td>
<td>Tokyo, Japan</td>
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<td></td>
<td>Tel Aviv University</td>
<td>Tel Aviv, Israel</td>
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<tr>
<td>Central/South America</td>
<td>Universidad Panamericana</td>
<td>Mexico City, Mexico</td>
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<tr>
<td>Europe</td>
<td>Université de Strasbourg (Université Louis Pasteur)</td>
<td>Strasbourg, France</td>
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<td>Charité-Universitätsmedizin</td>
<td>Berlin, Germany</td>
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<td></td>
<td>Karolinska Institutet</td>
<td>Stockholm, Sweden</td>
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<td></td>
<td>Trinity College Dublin</td>
<td>Dublin, Ireland</td>
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<tr>
<td></td>
<td>Royal College of Surgeons</td>
<td>Dublin, Ireland</td>
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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 to rotate as one of the institution’s students under medical student exchange agreement.
- 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 fluent in English.
- Must be pursuing a medical degree.
- Must rotate **before graduating** from medical school.
Application Information for Global Partner Institution Medical Students

Visiting rotations are designed 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. All Visiting Student rotations are scheduled through the Visiting Student Programs Office in the Office of Medical Education. Certain specialty electives may have prerequisites; please check each individual listing in the elective catalog for details.

Application Requirements

1. **Application form:** if you meet the eligibility requirements, please fill out the application form in its entirety and submit the required supplemental information.
   - Rotations are 4 weeks in length and visiting students can rotate for a maximum of 8 weeks.
     - Please note that we have specific agreements with each of our Global Partner institutions. Some agreements allow students to rotate for a maximum of 4 weeks.
   - If you would like to complete two 4-week rotations, you need to select three different preferred electives per application. It is not necessary to submit duplicate transcript, CV, LOR, health forms, etc.
   - We will do our best to accommodate your rotation requests, but keep in mind availability is limited, so please keep your expectations reasonable.

2. **Passport-size photo:** attach a photo to your application in order to assist residents and attendings in recognizing you more quickly when completing your final evaluation. Please use clear tape to secure your photo to the application.

3. **Dean's Certification:** Section II of the application must be completed and signed by your medical school Dean or designee. Incomplete forms will not be processed.

4. **An official transcript:** submit an official, current transcript. Electronic transcripts will be accepted if they are dated AND signed by 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.
   - 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 your institution does not follow a standard grading system (such as A/B/C or Honors/High Pass/Pass, submit a grading key with your transcript.

5. **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.

6. **Curriculum Vitae:** submit your most current CV. Your email address should be listed clearly on your CV.
7. **Universal Precautions training:** all students must complete training in Universal Precautions. There is a training guide and a quiz on the Visiting Student website ([https://www.feinberg.northwestern.edu/md-education/docs/visiting-students/universal-precautions-quiz.pdf](https://www.feinberg.northwestern.edu/md-education/docs/visiting-students/universal-precautions-quiz.pdf)). Please read the materials, take the quiz, and submit only the completed quiz with your application.

8. **Health Insurance Portability and Accountability Act (HIPAA):** all students must complete basic HIPAA training and submit proof with their application. There are many websites that provide basic HIPAA training. Do an internet search for “basic HIPAA training.” Please email the Visiting Student Programs Office if you are still unable to find one.

9. **English language proficiency:** fluency in English is mandatory in order to ensure 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 that a fluent English speaker at your institution verify your English language skills in listening, speaking, reading, and writing or you submit TOEFL/IELTS results from the past two years. If you choose to submit TOEFL/IELTS scores, these are our minimum requirements:

<table>
<thead>
<tr>
<th>Test Section</th>
<th>Minimum TOEFL score</th>
<th>Minimum IELTS score</th>
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<tbody>
<tr>
<td>Listening</td>
<td>20</td>
<td>6.5</td>
</tr>
<tr>
<td>Reading</td>
<td>20</td>
<td>6.5</td>
</tr>
<tr>
<td>Writing</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>Speaking</td>
<td>24</td>
<td>7</td>
</tr>
</tbody>
</table>

10. **Immunization form:** the Northwestern immunization form must be completed by a personal physician or the home school health office in order for your application to be processed. A substitute health form will not be accepted. Please attach the requested laboratory reports. All health documentation must be submitted in ENGLISH.
Application Policies & Procedures

Applications are due **no less than 12 weeks in advance of the earliest requested rotation block**. Application deadlines are listed below.

Applications will be accepted via mail at the address listed below or via email as one file to visitingstudents@northwestern.edu. It is not required to submit your application both electronically and by mail.

Office of Visiting Students’ Programs
Northwestern University Feinberg School of Medicine
303 East Chicago Avenue
Ward Suite 1-003
Chicago, Illinois 60611

The Visiting Student Programs Office will review your application and notify you via email if there are any missing or incorrect items. Your application will then be under review, and you will be notified of your placement as soon as possible.

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

<table>
<thead>
<tr>
<th>Rotation Dates*</th>
<th>Application Deadline</th>
</tr>
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<tbody>
<tr>
<td>Block 19</td>
<td>October 23 – November 17, 2023</td>
</tr>
<tr>
<td>Block 20</td>
<td>November 20 – December 15, 2023</td>
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<tr>
<td>Block 21</td>
<td>January 3** – January 26, 2024</td>
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<td>Block 22</td>
<td>January 29 – February 23, 2024</td>
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<td>Block 23</td>
<td>February 26 – March 22, 2024</td>
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<tr>
<td>Block 24</td>
<td>March 25 – April 19, 2024</td>
</tr>
</tbody>
</table>

*Sub-is and EM extend through the final weekend of the clerkship (end date may be later than indicated).

**Wednesday start due to university holidays

**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 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. Spaces are not reserved, and students are placed on a first-come, first serve basis.

**Elective catalog:** [https://clerkship.northwestern.edu/public/courses/select_student_level.html](https://clerkship.northwestern.edu/public/courses/select_student_level.html)

In this catalog, you will find the offerings at Northwestern Memorial Hospital, Lurie Children’s Hospital, Shirley Ryan AbilityLab, and other Northwestern-affiliated sites. There is a course number 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 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 Block 18 and Block 19). Length of electives and elective dates cannot be modified.

**Note:** Family medicine rotations are not located on or within walking distance of our downtown campus. Students applying to these electives should have transportation arranged or plan to stay outside of downtown.
Acceptance: accepted students will receive an acceptance email from the Visiting Student Programs Office in the Office of Medical Education. Approval from departments does not signify that you have been accepted to rotate. Accepted students are required to submit the confirmation form to secure elective within 14 days of acceptance email notification (https://www.feinberg.northwestern.edu/md-education/docs/visiting-students/rotation-confirmation-form.pdf). Failure to submit the confirmation form within the deadline may result in elective offer being revoked.

Visiting student fees: Application fees and tuition are waived for students from Global Partner Institutions.

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 rotating. This is not required in order to apply, but will be required if you are accepted. If you have been in the US 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 you cannot be tested in the US within six months of your rotation, you will have a QuantiFERON-GOLD test administered at Northwestern and should plan to have your appointment no later than the Wednesday before your rotation begins.

Health insurance: All visiting students must be covered by health insurance during the time they are rotating. If student does not have personal insurance that meets our requirements, students must purchase the Northwestern University Visiting Scholar Health insurance plan for $7.26 per day (as of January 2023; rates are subject to change). 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.

Visa requirements and deadlines: Visiting student application processing takes time, as does visa processing. For the purposes of this elective, a B-1 visa or an ESTA visa waiver is required. You should have your visa or register in ESTA prior to making any final flight arrangements. Individuals who have or will enter the US for any other purpose (business or pleasure) regardless of visa type, cannot use this visa to rotate at Northwestern.

Northwestern University is not responsible for visa processing. 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. You will be required to have all travel plans and a visa secured no later than 4 weeks before your start date. A visa invitation letter will be provided upon request after you have been accepted. For additional questions about visas, please contact the closest U.S. consulate.

Housing: Northwestern University does not have housing on the Chicago campus and is unable to provide housing for visiting medical students. We have resources on our website to assist you in securing accommodations: https://www.feinberg.northwestern.edu/md-education/current-students/policies-services/campus-services/housing/index.html

Evaluation and grading: All visiting students are evaluated using the Northwestern form. While we hope most institutions will accept this form for their students who rotate at Northwestern, we know that some schools require their own forms and can accommodate this if necessary. If you require an alternate form, please submit it with your application. Please note that we are unable to complete forms not in English.
**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 need to have an appointment with Northwestern Student Health for clearance (see above for health requirements), you should arrive approximately one week prior to your rotation, so you can be cleared to start on time. *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 Programs Office by submitting a cancellation form ([https://www.feinberg.northwestern.edu/md-education/docs/visiting-students/cancellation-or-withdrawal-form.pdf](https://www.feinberg.northwestern.edu/md-education/docs/visiting-students/cancellation-or-withdrawal-form.pdf)) no later than 4 weeks prior to your start date. The Visiting Student Programs Office will then notify the department that you cannot attend. No re-scheduling of electives is permitted. *If you notify the Visiting Student Programs Office later than 4 weeks prior to your start date email, Northwestern will withdraw you from any future scheduled elective and your school will be notified.*
COVID-19

Acceptance is contingent on policies from Northwestern University, the Feinberg School of Medicine, and our clinical affiliates at the time of the rotation and is subject to change or cancelation. Rotating students are responsible for following COVID-19 protocols set by the U.S. Department of State, State of Illinois, City of Chicago, Northwestern University, Feinberg School of Medicine, and our clinical affiliates.

These protocols may include but are not limited to: quarantine upon arrival, pre-flight testing, testing in Chicago, wearing appropriate PPE, proper hand washing, keeping physical distance from others whenever possible, and daily symptom monitoring. Please monitor CDC guidance for travel and safety protocols.

COVID-19 vaccination: All visiting students to Northwestern University Feinberg School of Medicine are required to be fully vaccinated against COVID-19 at least 28 days prior to rotation start date. Rotations will be canceled for students who have not been vaccinated or who do not submit required documentation.

Per CDC guidance, you are considered fully vaccinated:

- 2 weeks (14 days) after your dose of an accepted single-dose COVID-19 vaccine; or
- 2 weeks (14 days) after your second dose of an accepted 2-dose series COVID-19 vaccine; or
- 2 weeks (14 days) after you received the full series of an active (not placebo) COVID-19 vaccine in the U.S.-based AstraZeneca or Novavax COVID-19 vaccine trials; or
- 2 weeks (14 days) after you received 2 doses of any “mix-and-match” combination of accepted COVID-19 vaccines administered at least 17 days apart.*

If you don’t meet these requirements, you are NOT fully vaccinated.
Northwestern University Feinberg School of Medicine
2023-2024 Application for the Visiting Student Program

Please return all application materials to: visitingstudents@northwestern.edu
Northwestern University Feinberg School of Medicine Visiting Student Programs Office
Augusta Webster Office of Medical Education, 303 E. Chicago Avenue, Ward 1-003 Chicago, IL 60611 USA

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

Student Information:

Last Name: ____________________________ First Name: ____________________________

Medical School: ______________________ Country: ________________________________

Email Address: _________________________ Telephone Number: ____________________

Primary Mailing Address: ________________________________________________________

________________________________________________________

Date of Birth: ____________ (month/day/year) Gender: ____________________________

Citizenship: ________________________________

Emergency Contact Information:

Last Name: ____________________________ First Name: ____________________________

Email Address: _________________________ Telephone Number: ____________________

Relationship to Student: __________________________
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: ________

**Rotation 1 preferences:**

1st: Course name: ___________________________ Course #: ___________________________

2nd: Course name: ___________________________ Course #: ___________________________

3rd: Course name: ___________________________ Course #: ___________________________

**Rotation 2 preferences (if applicable):**
*If you are applying to complete two 4-week rotations, you must choose different elective choices than above.*

1st: Course name: ___________________________ Course #: ___________________________

2nd: Course name: ___________________________ Course #: ___________________________

3rd: Course name: ___________________________ Course #: ___________________________

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

- Block 19: October 23 – November 17
- Block 20: November 20 – December 14 (Off November 23-27 for Thanksgiving)
- Block 21: January 3 – January 26, 2023 (Wednesday start due to university holiday)
- Block 22: January 29 – February 23
- Block 23: February 26 – March 22
- Block 24: March 25 – April 19

I hereby certify that I have read and understand the visiting students’ policies, and that the information provided on this application is true and accurate to the best of my knowledge:

Signed: ___________________________ Date: ___________________________
SECTION II: To be completed by the Dean or designee of Student’s Medical School.

Student’s Last Name: ____________________________  First Name: ____________________________

At the time of requested rotation, the above named student is in good standing at this school and is in the _______ year of a _______ year program.  
   ____ Yes  ____ No

The student will have completed the core clerkships mentioned on the previous page prior to the dates for which the elective is requested.  
   ____ Yes  ____ No

The student has completed training in the universal precautions for the handling of body fluids and sharp instruments. Proof of training is attached.  
   ____ Yes  ____ No

The student has completed Health Insurance Portability and Accountability Act (HIPAA) training. Proof of training is attached.  
   ____ Yes  ____ No

The student is authorized to participate in this clerkship for credit as one of our institution’s students under our medical student exchange agreement.  
   ____ Yes  ____ No

All visiting students are graded using the Northwestern evaluation form. Our institution will accept this in place of our school’s form.  
   ____ Yes  ____ No*  
   *If no, please submit alternate form with student’s application.

This student is proficient in speaking, reading, listening, and writing the English language at a level to function clinically and professionally, as verified by a fluent English speaker or by submitting TOEFL/IELTS results from the past two years.  
   ____ Yes  ____ No

This student has an anticipated graduation date of ______________________ (month / day / year)

Name & Title of School Official: _______________________________________________________

Primary Mailing Address: ____________________________________________________________

________________________________________________________________________________

Email Address: ____________________________  Telephone Number: ____________________________

Signed: ____________________________  Date: ____________________________

Place School Seal Here
Incomplete applications will not be processed.
Review and submit this checklist to be sure your application is complete.

☐ I am submitting all documentation in English.

☐ I reviewed the application procedures and policies as detailed on the Feinberg School of Medicine Visiting Student website and the Application Policies and Procedures detailed in this document.

☐ I understand and agree to abide by Feinberg School of Medicine policies. Departments or attendings cannot override policies or requirements.

☐ I understand that failure to abide by Feinberg School of Medicine policies may result in disqualification of participation and my school will be notified.

☐ I understand the application deadlines and application procedures.

☐ I am fluent in speaking, listening, reading, and writing English to function clinically and professionally.

☐ I am aware of the plagiarism policy and confirm that I have not plagiarized any portion of my application.

☐ I understand that rotation dates may not be modified and that I must follow the Northwestern calendar.

☐ I attached 1 passport-size photo to my application.

☐ My medical school Dean or designee filled out Section II of my application with a signature and seal.

☐ I am submitting all required paperwork:
  o An official, current transcript from 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, submit a letter from your Registrar’s office stating why the grade is not listed.
  o My most current curriculum vitae (CV)
  o A clinical letter of recommendation in English (not a letter of good standing or Dean’s Letter)
  o Universal Precautions quiz from the website
  o Proof of Health Insurance Portability and Accountability Act (HIPAA) training
  o Northwestern University Immunization form and attached additional documentation/lab reports. It is filled out and signed by my personal physician or my school’s health office.

☐ I checked the elective catalog for departmental requirements and completed any additional requirements for the department(s) in which I am applying.

☐ I will be vaccinated and submit COVID-19 vaccination records at least 28 days prior to rotation start date.

☐ I understand that acceptance is contingent on policies from Northwestern University, the Feinberg School of Medicine, and our clinical affiliates at the time of the rotation and is subject to change or cancelation.

Signed: _______________________________  Date: ____________________