

## Global Partner Application

2021-2022 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:

Continent	University	Location
Africa	Stellenbosch University	Stellenbosch, South Africa
	Makerere University	Kampala, Uganda
	Université Cheikh Anta Diop de Dakar	Dakar, Senegal
	University of Jos	Jos, Nigeria
	University of Ibadan	Ibadan, Nigeria
	Université des Sciences, des Techniques et des Technologies de Bamako	Bamako, Mali
	University of Lagos	Lagos, Nigeria
Asia	Peking University	Beijing, China
	Keio University	Tokyo, Japan
	Tel Aviv University	Tel Aviv, Israel
Central/South America	Universidad Panamericana	Mexico City, Mexico
Europe	Université de Strasbourg (Université Louis Pasteur)	Strasbourg, France
	Charité-Universitätsmedizin	Berlin, Germany
	Karolinska Institutet	Stockholm, Sweden
	Trinity College Dublin	Dublin, Ireland
	Royal College of Surgeons	Dublin, Ireland

### 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. Rotations are assigned on a space-available basis, and registration is restricted to a **maximum of eight weeks**. 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**.
  - 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 blocks selected).
  - If you would like to rotate two times (two 4-week rotations), **you need to submit Sections I and II of the application form twice**, and you must choose different elective choices and different dates 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>). 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:

Test Section	Minimum TOEFL score	Minimum IELTS score
Listening	20	6.5
Reading	20	6.5
Writing	20	6
Speaking	24	7

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. Failure to do so will delay processing of your application.

## Application Policies & Procedures

Partner students are required to submit applications **a minimum of 3 months and recommended 6 months in advance of the earliest requested rotation block**. Applications will be accepted via mail at the address listed below or via email *as one file* to [anna-kate@northwestern.edu](mailto:anna-kate@northwestern.edu). It is not required to submit your application both electronically and by mail.

Visiting Students Program  
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.

**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. You will be required to have all travel plans and a visa secured no later than 2 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.

**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 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 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 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 \$53 per week (as of January 2020; 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.

**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.*

**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.

**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>) **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: mandatory 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.

**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.

# Northwestern University Feinberg School of Medicine

## 2021-2022 Application for the Visiting Student Program

Please return all application materials to:

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

Attach photo here

Office use only please  
Received: \_\_\_ / \_\_\_ / \_\_\_  
 Application form  
 Transcript  
 LOR  
 CV  
 HIPAA  
 UP  
 Health form  
Complete: \_\_\_ / \_\_\_ / \_\_\_

### 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: \_\_\_\_\_

**Northwestern University Feinberg School of Medicine**  
**2021-2022 Application for the Visiting Student Program (Continued)**

**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 #: \_\_\_\_\_

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

\_\_\_ October 25 – November 19, 2021 (Block 19)

\_\_\_ November 22 – December 17, 2021 (Block 20)\*

\_\_\_ January 3 – 28, 2022 (Block 21)

\_\_\_ January 30 – February 25, 2022 (Block 22)

\_\_\_ February 28 – March 25, 2022 (Block 23)

\_\_\_ March 28 – April 22, 2022 (Block 24)

*\*Off November 25-28, 2021 for Thanksgiving holiday*

**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: \_\_\_\_\_



**Northwestern University Feinberg School of Medicine**  
**2021-2022 Application for the Visiting Student Program (Continued)**

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

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

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***

**Northwestern University Feinberg School of Medicine**  
**2021-2022 Application for the Visiting Student Program (Continued)**

**SECTION III: To be completed by applicant.**

**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 understand that I may apply for a maximum of 2 electives (4 weeks each).
- I understand that if I am applying for two electives, Sections I and II of the application form must be completed twice. To better my chances of securing an elective, I have listed 3 different elective choices and different rotation periods per application.
- I attached 1 passport-size photo to each 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:
  - 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.
  - My most current curriculum vitae (CV)
  - A letter of recommendation in English, not a letter of good standing or Dean's Letter.
  - Universal Precautions quiz from the website
  - Proof of Health Insurance Portability and Accountability Act (HIPAA) training
  - 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 affiliate at the time of the rotation and is subject to change or cancelation.

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

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