Visiting Medical Student Registration Form (VMSRF) for UT Southwestern Electives

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TO BE COMPLETED BY INTERNATIONAL OR NON-L	CME VISITING STUDENT:
Name (Last, First, Middle):	Birth Date:
Local Address:	Gender: Female
City: State: ZIP Code:	Country:
Email Address:	School Type: International Non-LCME
Cell Phone (REQUIRED):	Driver's License or Passport Number (REQUIRED):
US citizen? Yes No (if No, provide applicable information Do you hold permanent residence status for to Date permanent resident card issued: What visa type do you hold?	
Emergency Contact:	Phone #:
Home Medical School:	
Course Number Requested Elective 1.	Requested Date
2.	
VISITING STUDENTS MAY ONLY COMPLETE	TWO ROTATIONS AT UT SOUTHWESTERN.
STEPS FOR APPLYING FROM INTERNATIONAL OR NON-LCME	ACCREDITED MEDICAL SCHOOLS
Application must be completed and forwarded with supporting documer department coordinator will process all forms with the appropriate UT S behalf. Failure to complete Steps 1-2-3 will jeopardize any opportunity to	outhwestern administrative offices on the visiting medical student's
Step 1 - Complete the Visiting Medical Student Registration Form (VM	SRF).

- Step 2 Individual academic departments may require a supplemental application with department specific instructions and requirements. SEE SUPPLEMENTAL REQUIREMENTS ON VISITING STUDENT WEBPAGE
- Step 3 Forward VMSRF with ALL required and supplemental documents to the UT Southwestern department coordinator for the rotation you have chosen. SEE REQUIREMENTS ON VISITING STUDENT WEBPAGE for a list of suplemental documents and contact information of the Departmental Visiting Student Coordinators.

REQUIRED DOCUMENTS:

- * Application
- * Curriculum Vitae
- * Essential Functions Form
- * Immunization Record
- * Official Medical School Transcript
- * Photo
- * Department's Supplemental Application/Documents (if applicable)

A complete packet of information MUST be sent to EACH department that you are applying to. Completed packets will receive priority in the review process.

Date expires. MMYYYY 3. This student has a current ACLS. Date expires. MMYYYY 5. This student has a current MLS Date expires. MMYYYY 5. This student has a current MLS This student will pay tuition at the home school during the period indicated. 8. Medical liability and/or malpractice insurance will be covered by the home school during this elective time. Aggregate lastrance: Online Policy LRL: Per Instance Insurance. Online Policy LRL: Per Instance Insurance: Online Policy Expiration Date. MMYYYY We require our student to hold personal health insurance. 10. This student will have successfully completed these core elerkships by the dates listed below: Date Completed Clerkship MMDDYYYY Weeks Clerkship MMDDYYYY Weeks MMDDYYYYY 11. This student will be in his/her senior year at the time of the elective. 12. This student will be in his/her senior year at the time of the elective. 13. This student has completed with HIPAA training requirements. 14. This student has completed with HIPAA training requirements. 15. This student has completed drug testing at our institution. Date expires. MMDDYYYY 16. This student has completed drug testing at our institution. Date expires. MMDDYYYYY 16. This student has completed drug testing at our institution. Date expires. MMDDYYYYY 16. This student has completed drug testing at our institution. Date expires. MMDDYYYYY 16. Date COMPLETED BY UT SOUTHWESTERN DEPARTMENT: 17. Date of Authorized Official from Visiting Student's Hone Institution. Departed Approved Decided Decided Decided	TO BE COMPLETED BY VISITING STUDENT'S HOME INSTITUTION	Yes	No	Comment
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