

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

TO BE COMPLETED BY INTERNATIONAL OR NON-LCME VISITING STUDENT:

Name (Last, First, Middle): Birth Date:

Local Address: Gender: Female
 Male

City: State: ZIP Code: Country: School Type: International
 Non-LCME

Email Address:

Cell Phone (REQUIRED): Home Phone: Driver's License or Passport Number (REQUIRED):

US citizen? Yes No (if No, provide applicable information below.)

Do you hold permanent residence status for the US? Yes No

Date permanent resident card issued: Number:

What visa type do you hold? Number:

Emergency Contact: Phone #:

Home Medical School:

	Course Number	Requested Elective	Requested Date
Example:	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>

*****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 documents to the department coordinator of your chosen elective(s). The department coordinator will process all forms with the appropriate UT Southwestern administrative offices on the visiting medical student's behalf. Failure to complete Steps 1-2-3 will jeopardize any opportunity to pursue the elective as a visiting medical student.

Step 1 - Complete the Visiting Medical Student Registration Form (VMSRF).

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 supplemental 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.

TO BE COMPLETED BY VISITING STUDENT'S HOME INSTITUTION

Yes No Comment

1. This student is in good standing at this institution and has my approval for the elective listed above.	<input type="checkbox"/>	<input type="checkbox"/>																															
2. This student has been instructed in OSHA safety measures and infection control precautions. Date expires: <input type="text"/> MM/YYYY	<input type="checkbox"/>	<input type="checkbox"/>																															
3. This student has a current ACLS. Date expires: <input type="text"/> MM/YYYY	<input type="checkbox"/>	<input type="checkbox"/>																															
4. This student has a current BLS. Date expires: <input type="text"/> MM/YYYY	<input type="checkbox"/>	<input type="checkbox"/>																															
5. This student has completed a Mask Fit Test.	<input type="checkbox"/>	<input type="checkbox"/>																															
6. This student is taking electives for credit.	<input type="checkbox"/>	<input type="checkbox"/>																															
7. This student will pay tuition at the home school during the period indicated.	<input type="checkbox"/>	<input type="checkbox"/>																															
8. Medical liability and/or malpractice insurance will be covered by the home school during this elective time. Aggregate Insurance: <input type="text"/> Online Policy URL: <input type="text"/> Per Instance Insurance: <input type="text"/> Policy Expiration Date: <input type="text"/> MM/YYYY	<input type="checkbox"/>	<input type="checkbox"/>																															
9. We require our student to hold personal health insurance.	<input type="checkbox"/>	<input type="checkbox"/>																															
10. This student will have successfully completed these core clerkships by the dates listed below: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Clerkship</th> <th style="text-align: left;">Date Completed MM/DD/YYYY</th> <th style="text-align: left;">Weeks</th> <th style="text-align: left;">Clerkship</th> <th style="text-align: left;">Date Completed MM/DD/YYYY</th> <th style="text-align: left;">Weeks</th> </tr> </thead> <tbody> <tr> <td>Internal Medicine</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Psychiatry</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Surgery</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Family Medicine</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Pediatrics</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Neurology</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Obstetrics and Gynecology</td> <td><input type="text"/></td> <td><input type="text"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Clerkship	Date Completed MM/DD/YYYY	Weeks	Clerkship	Date Completed MM/DD/YYYY	Weeks	Internal Medicine	<input type="text"/>	<input type="text"/>	Psychiatry	<input type="text"/>	<input type="text"/>	Surgery	<input type="text"/>	<input type="text"/>	Family Medicine	<input type="text"/>	<input type="text"/>	Pediatrics	<input type="text"/>	<input type="text"/>	Neurology	<input type="text"/>	<input type="text"/>	Obstetrics and Gynecology	<input type="text"/>	<input type="text"/>				<input type="checkbox"/>	<input type="checkbox"/>	
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11. This student will be in his/her senior year at the time of the elective.	<input type="checkbox"/>	<input type="checkbox"/>																															
12. This student is expected to graduate in: <input type="text"/> MM/DD/YYYY	<input type="checkbox"/>	<input type="checkbox"/>																															
13. This student has met all immunization requirements or student health requirements as defined by our school. Health Requirements URL: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
14. This student has complied with HIPAA training requirements.	<input type="checkbox"/>	<input type="checkbox"/>																															
15. This student has completed a criminal background check at our institution. Date expires: <input type="text"/> MM/DD/YYYY	<input type="checkbox"/>	<input type="checkbox"/>																															
16. This student has passed USMLE Step 1.	<input type="checkbox"/>	<input type="checkbox"/>																															
17. This student has completed drug testing at our institution. Date expires: <input type="text"/> MM/DD/YYYY	<input type="checkbox"/>	<input type="checkbox"/>																															

Signature of Authorized Official from Visiting Student's Home Institution _____

Printed Name and Title of Authorized Official _____

Date _____

TO BE COMPLETED BY UT SOUTHWESTERN DEPARTMENT:

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Approved
				<input type="checkbox"/> Denied
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Approved
				<input type="checkbox"/> Denied

Signature of Authorized Official from UT Southwestern Department _____

Printed Name and Title of Authorized Official _____

Date _____