MOREHOUSE SCHOOL OF MEDICINE
INFORMATION FOR EXTRAMURAL STUDENTS

Students matriculating at LCME accredited U.S. medical schools are eligible to apply for elective courses at Morehouse School of Medicine (MSM).

PLEASE CAREFULLY READ THE FOLLOWING

1. Students must be in good academic standing in their fourth year at their respective institutions, and have completed all required third year clinical clerkships. Internal Medicine, Pediatrics, Surgery, OB/GYN, and Surgery.

2. Students must provide a letter stating that he/she is in good academic standing and will be a 4th year student at time of the elective, has completed immunizations requirements, successfully completed HIPPA and OSHA training, has health insurance and has malpractice insurance coverage.

3. Students will be allowed a maximum of one elective per student per year. Assignments of visiting students will not be made until the enclosed completed application form and letter of good standing is received and not before June 1st. The dates for all electives are based on the fourth year schedule at Morehouse School of Medicine.

4. Visiting students receive academic credit from their own institutions. Since they are not considered matriculants at Morehouse School of Medicine, transcripts will not be issued for elective students at Morehouse School of Medicine. Evaluations of performance will be sent on request to the Registrar of the student's school. Evaluation form(s) should be attached to the application form.

5. No fees will be assessed of visiting students.

6. Morehouse School of Medicine does not provide student health or liability coverage for visiting students. There must be written verification for health insurance and liability coverage for any visiting students (see application form).

7. Housing is NOT available.

8. Available elective positions are assigned on a first come, first served basis.

PLEASE RETURN COMPLETED APPLICATION TO:
Jasmin Bland, Educational Specialist

Morehouse School of Medicine
720 Westview Drive, S.W., Atlanta, GA 30310

MOREHOUSE
SCHOOL OF MEDICINE

VISITING STUDENT APPLICATION FOR CLINICAL ELECTIVE
(PLEASE TYPE OR PRINT)

APPLICANT NAME _____ DATE _____

MAILING ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # _____ EMAIL ADDRESS _____

ELECTIVE NAME _____ DEPARTMENT _____

INCLUSIVE DATES OF COURSE – FROM _____ TO _____

HOME INSTITUTION APPROVAL & CERTIFICATION

To be completed by the Dean of Students or comparable official at the medical school in which the student is currently enrolled. **Please affix the school seal over the authorizing official's signature.**

_____ yes _____ no **THE ABOVE NAMED MEDICAL STUDENT HAS COMPLETED ALL THIRD YEAR CLERKSHIPS (OB, PEDIATRICS, SURGERY, INTERNAL MEDICINE, PSYCHIATRY) AND WILL BE A FOURTH YEAR MEDICAL STUDENT AT THE TIME OF THIS ELECTIVE.**

_____ yes _____ no **THE ABOVE NAMED MEDICAL STUDENT IS IN GOOD STANDING, WILL PAY TUITION AND RECEIVE ACADEMIC CREDIT FOR THIS ELECTIVE AT THE HOME INSTITUTION INDICATED BELOW.**

_____ yes _____ no **THE ABOVE NAMED STUDENT IS COVERED BY MEDICAL LIABILITY INSURANCE THAT PROVIDES COVERAGE WHILE AWAY FROM THE HOME INSTITUTION INDICATED BELOW. MINIMUM OF $1 MILLION.**

_____ yes _____ no **THE ABOVE NAMED STUDENT IS COVERED BY HEALTH INSURANCE THAT PROVIDES COVERAGE WHILE AWAY FROM THE HOME INSTITUTION INDICATED BELOW.**

_____ yes _____ no **THE ABOVE NAMED STUDENT HAS COMPLETED THE OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) REQUIREMENT FOR TRAINING IN THE PREVENTION OF TRANSMISSION OF BLOODBORNE PATHOGENS.**

_____ yes _____ no **THE ABOVE NAMED STUDENT IS CURRENTLY IMMUNIZED AGAINST DIPTHERIA, PERTUSSIS, TETANUS, POLIO, MEASLES, MUMPS, RUBELLA, HEPATITIS B, AND HAD A NEGATIVE PPD (INTERDERMAL) TEST WITHIN THE PAST TWO YEARS.**

_____ yes _____ no **AT THE CONCLUSION OF THIS ELECTIVE, AN EVALUATION FORM SHOULD BE COMPLETED AND RETURNED WITHIN TWO WEEKS. (PLEASE ATTACH YOUR INSTITUTION'S FORM, IF REQUIRED)**

I certify that the above information is correct.

SIGNATURE _____ **TITLE** _____

INSTITUTION _____ **DATE** _____

Submit form to: Jasmin Bland, 720 Westview Drive, Atlanta, Georgia 30310 or (404) 752-1512 (fax)