



TEMPLE UNIVERSITY SCHOOL OF MEDICINE

INSTRUCTIONS FOR VISITING STUDENT APPLICATION

TO BE ELIGIBLE YOU MUST:

- 1) Be a student currently in good standing at an LCME or AOA accredited medical school, or at another medical school having a formal affiliation the Temple University School of Medicine.
- 2) At the time of the elective, be in your fourth year of medical school, or in the curricular year which presupposes completion of all core clinical clerkships.
- 3) Submit verification of completion of core clerkships in each of the following disciplines, indicating the number of weeks devoted to each: Family Medicine/Primary Care, General Internal Medicine, Obstetrics/Gynecology, Pediatrics, Psychiatry, and General Surgery. No Temple elective rotation will be approved for a discipline in which prerequisite core clinical experience will not have been satisfactorily completed prior to the start of the requested rotation.
- 4) Attach documentation to the effect that:
 - you are covered by medical liability/malpractice insurance and personal health insurance;
 - immunizations (using Temple form) are current and complete;
 - blood borne/airborne pathogens training has been completed during the current academic year.
- 5) Specify course and location preference(s). Requests for "any hospital" or "any subspecialty" are unacceptable.

YOU SHOULD KNOW:

- 1) Visiting Student applications will not be accepted before March 1st for the following academic year and will be considered only after schedules have been completed for all Temple students (approximately May 1st).
- 2) Visiting students may be approved for a maximum of two 4-week rotations.**
- 3) All documentation supporting the application must contain original signatures and the school seal. Photocopies/faxes are unacceptable.
- 4) Temple does not provide housing.
- 5) Parking is available for a fee.
- 6) If approved, you will be notified by mail of the course assignment(s); if not approved, you will be notified by email
- 7) Information on courses currently offered may be found on the Temple University School of Medicine Website at <http://www.medschool.temple.edu/electivecatalog>

ONLY ORIGINAL AND FULLY COMPLETED FORMS WILL BE ACCEPTED.

MAIL APPLICATION TO: TEMPLE UNIVERSITY SCHOOL OF MEDICINE
Office of Academic Affiliations
Medicine Education & Research Building
3500 North Broad Street, Suite 325
Philadelphia, PA 19140-5199

**TEMPLE UNIVERSITY SCHOOL OF MEDICINE
VISITING MEDICAL STUDENT APPLICATION FOR ELECTIVE ROTATION(S)**

SECTION 1: To be completed by APPLICANT.

Name _____ Male / Female Telephone _____

Address _____
STREET CITY STATE ZIP

Email _____ SS# _____

Medical School _____ Expected Date of Graduation _____

I wish to apply for one two rotation(s). Courses in order of preference are:

	<u>Title (and # if known)</u>	<u>Location</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____

In order of preference, I wish to be scheduled for Temple blocks or ; I am available only from _____ through _____ .

Signature _____ Date _____

SECTION 2: To be completed by DEAN'S OFFICE of applicant's school.

Please circle the appropriate responses.

I certify that the above named student has/has not completed the core clerkships listed below. S/he is/is not in good standing at this institution. S/he does/does not have our permission to take the above-listed course(s) for elective credit. Malpractice insurance does/does not cover the student while away from our school. Personal health coverage under school policy does/does not cover the student while away from our school. Bloodborne & airborne pathogens training has/has not been completed during the current year.

Family Practice ___wks Internal Medicine ___wks Ob/Gyn ___wks Pediatrics ___wks
Psychiatry ___wks General Surgery ___wks Other: _____ ___wks

Name (print): _____ Title: _____

Date: _____ Signature _____
School Seal (must cover signature)

SECTION 3: To be completed by COURSE DIRECTOR or INSTRUCTOR (TUSM Responsibility)

The application of the above-named student is / is not approved for _____
(course title / number)

from _____ through _____. (S)He should report on _____ at _____
(date) (date) (day / date) (time)


to _____
(person) (place)

SECTION 4: To be completed by ADMINISTRATIVE COORDINATOR FOR CURRICULUM (TUSM)

Approved Not Approved Signature _____ Date _____

TEMPLE DOES NOT OFFER HOUSING

LIST OF POSSIBLE INTEREST TO STUDENTS AND/OR RESIDENTS LOOKING FOR TEMPORARY HOUSING.

- 4wallsinphilly.com
- **Bank Street Hostel** 
32 S. Bank St,
Philadelphia, PA
p) 800/392-4678, 215/922-0222,
e) www.bankstreethostel.com
70 beds (shared bathroom), \$23 for nonmembers
- University House – The Radian
(University of Pennsylvania SOM area)
3925 Walnut St
Philadelphia, PA 19104
p) 215.222.4212
f) 215.222.1402
e) info@radianapartments.com

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Sincerely,

Dennis Ruffing
York North Apartments
215-329-0605

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Offer Expires: March 15, 2009

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