



INFORMATION FOR EXTRAMURAL STUDENTS

Students enrolled at Liaison Committee on Medical Education (LCME) accredited U.S. medical schools or schools accredited by The Commission on Osteopathic College Accreditation (COCA) 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: Family Medicine, Internal Medicine, OB/GYN, Pediatrics, Psychiatry, and Surgery.
2. **Students must provide a letter stating he/she will be a 4th year student at the time of the elective, is in good academic standing, has completed all immunization requirements, HIPPA and OSHA training, and has adequate health insurance and malpractice insurance coverage.**
3. **Students must provide a copy of recent immunization records.**
4. **Students must provide a copy of recent criminal background report.**
5. **Students must provide a copy of recent drug screen report.**
6. **Students must provide written verification of health insurance and liability coverage.** Morehouse School of Medicine does not provide student health or liability coverage for visiting students.
7. Students will be allowed a maximum of **one** elective per year. Visiting student assignments will not be awarded prior to **June 1st** and only after receipt of the enclosed completed application form and a letter of good standing. The dates for all electives are based on Morehouse School of Medicine's fourth-year schedule.
8. Available elective positions are assigned on a **first come, first served basis**.
9. Fees will not be assessed for visiting students.
10. MSM does NOT provide Housing for visiting students.
11. Visiting students are not considered matriculated students at Morehouse School of Medicine, therefore, they will **not** be issued transcripts for electives completed, but will receive academic credit from their own institution.
12. Evaluations of performance will be sent on request to the Registrar for the student's school. **If the student's school would like their own evaluation form utilized, it should be attached to the visiting student application form at time of submission.**

PLEASE RETURN COMPLETED APPLICATION TO:

UME Clinical Curriculum Manager

Morehouse School of Medicine

720 Westview Drive, S.W., Atlanta, GA 30310

Email: mdumedocuments@msm.edu ● Phone: (404) 752-1941 ● Fax: (404) 752-1512

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.****

_____	_____	THE ABOVE-NAMED MEDICAL STUDENT HAS COMPLETED ALL THIRD YEAR CLERKSHIPS (FAMILY MEDICINE, INTERNAL MEDICINE, OB/GYN, PEDIATRICS, PSYCHIATRY, AND SURGERY) 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 DIPHTHERIA, 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)
yes	no	

I certify that the above information is correct.

SIGNATURE _____ TITLE _____
INSTITUTION _____ DATE _____

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