

The University of Nevada School of Medicine (UNSONM)
APPLICATION FOR ELECTIVES IN LAS VEGAS
(for visiting students)

Please print or type

Part I (to be completed by student)

1. Student Name: _____ 2. Phone: () _____
(First, MI, Last)

3. Student's Mailing address: _____ Email: _____

4. Student's Medical School: _____

<u>Electives Requested (8 week limit):</u> Name of Elective & Location	Course #	<u>Dates Requested</u>		
		1st Choice	2nd Choice	3rd Choice
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Submit with application a \$100.00 application fee in check or money order form, made payable to "Board of Regents":
- Letter of good standing from your medical school
 - Medical school transcript
 - USMLE Step 1 or Comlex Step 1 score
 - Proof of immunizations, including TB test within the past year and Hepatitis B titre.
 - Proof of professional liability insurance. **NOTE:** If your school does not provide professional liability insurance during extramural experiences, you **must** provide proof of individual policy (see PART II, 2).
 - Result of background check done by your medical school.

I agree to complete the elective(s) as scheduled. If unable to do so, I will inform the Office of Medical Education at least 4 weeks prior to the start of the elective.

Applicant's Signature: _____ Date: _____

PART II (To be completed by the student's medical school Dean or School Registrar)

- Is the above named student currently enrolled and in good standing at your institution? Yes No
- Is he/she covered by liability insurance from your institution while on an elective at the UNSOM? Yes No
If "No", liability coverage must be provided by student. Please attach documentation.
- Please list below the third year core clerkships this student has completed and the dates completed:

<u>Core Clerkship</u>	<u>Dates (start to finish)</u>	<u>Satisfactorily Completed</u>
Internal Medicine	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatrics	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
OB/GYN	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Medicine	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatry	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. The student is authorized to take the selected elective(s). Yes No

AFFIX
SCHOOL
SEAL HERE

5. Authorized by (print or type name): _____ Title: _____
Signature: _____ Date: _____ Medical School: _____
Mailing Address: _____
Phone: _____

Forward completed Parts I & II to: University of Nevada School of Medicine, Office of Medical Education, 2040 West Charleston Blvd., Suite 504, Las Vegas, NV 89102 Attention: Sherry Marcu

PART III (to be completed by the University of Nevada School of Medicine)

<u>Elective Name</u>	<u>Course/Section Number</u>	<u>Dates</u>	<u>Dept. Approv.</u>
_____	_____	_____	_____
_____	_____	_____	_____

Authorized by (signature): _____ Title: _____ Date: _____

TO THE STUDENT: The above elective(s) and date(s) are confirmed. If you are unable to complete the elective(s) as indicated, please notify us 4 weeks in advance. **SPECIAL INSTRUCTIONS:**