

The University of Nevada School of Medicine (UNSONM)
APPLICATION FOR ELECTIVES IN RENO
 (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
 - USLME 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: _____

1. Is the above named student currently enrolled and in good standing at your institution? Yes No
2. 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.
3. 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: _____ Medical School Seal (required)

Forward completed Parts I & II to: University of Nevada School of Medicine, Office of Medical Education/342, Reno, NV 89557-0159 Attention: Deb Chase

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 electives(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:**

