

## **VISITING STUDENTS**

Students from **LCME Accredited Institutions** who have completed at least as many weeks in core clerkship rotations as required for third year students at the Sanford School of Medicine of the University of South Dakota. Obstetrics & Gynecology, Pediatrics, Internal Medicine, Surgery and Psychiatry, may apply for senior year elective positions after passing Step 1 of the USMLE. Visiting students may be accepted for no more than eight (8) weeks of electives. Sanford School of Medicine of the University of South Dakota will give no credit to visiting students. An evaluation of the student's performance must be provided by the student's medical school and must be given to the evaluating department prior to beginning the rotation. Evaluations will be returned to the student's medical school upon completion of the elective.

## **PROCEDURES FOR APPLYING AS A VISITING STUDENT**

1. Request an application form from the Office of Medical Student Affairs at Sanford School of Medicine of the University of South Dakota for each elective desired. Applications must be completed and returned thirty (30) days prior to begin date of requested elective.
2. Contact the department offering the desired elective if additional information not supplied in this manual or on line is needed.
3. Complete section I and section II of the Visiting Student Application.

The student will be notified regarding the status of the application only after Sanford School of Medicine of the University of South Dakota students have completed scheduling of Senior Electives in June, as Sanford School of Medicine of the University of South Dakota students are given preference in assignment to elective programs. All visiting students accepted for electives are **required** to have professional liability and health insurance. If this is not provided by the student's medical school, a special policy must be obtained by the visiting student and proof of special coverage is required before beginning the elective.

Visiting students will need to make arrangements for housing and meals. Sanford School of Medicine of the University of South Dakota and its affiliated hospitals **DO NOT** provide such arrangements or provide information and advice on available housing.

Students should, on arrival at Sanford School of Medicine of the University of South Dakota, report to the department which they are taking an elective for further instructions.

**SENIOR ELECTIVE APPLICATION FORM FOR VISITING CLERKSHIP  
SANFORD SCHOOL OF MEDICINE OF THE UNIVERSITY OF SOUTH DAKOTA**

PLEASE PRINT OR TYPE \_\_\_\_\_

SECTION I: To be completed by applicant. Please return to the Office of Medical Student Affairs thirty (30) days prior to begin date. Sanford School of Medicine of the University of South Dakota, Vermillion, SD 57069.

ATTN: Kay Austin.

NAME: \_\_\_\_\_ MEDICAL SCHOOL: \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

Course Requested \_\_\_\_\_ Dates Requested \_\_\_\_\_

Begin: \_\_\_\_\_ End: \_\_\_\_\_

Coursework Evaluations should be sent to: \_\_\_\_\_

Students Signature: \_\_\_\_\_

**SECTION II: CERTIFICATION OF STUDENT'S MEDICAL EDUCATION**

The medical student named above is in good standing at \_\_\_\_\_ Medical School. USMLE Step One has been passed \_\_\_Y\_\_\_N. At the time of the elective the student will be in the \_\_\_\_\_ year of a \_\_\_\_\_ course. He/She will pay tuition at this institution during the period indicated. Liability insurance DOES \_\_\_ DOES NOT \_\_\_ cover the student away from our school while taking approved work. (Student is required to provide proof of coverage with application). The student DOES \_\_\_ DOES NOT \_\_\_ have health insurance in effect while on this clerkship. (Student is required to provide proof of coverage with application), immunization records must be included with application. At the conclusion of the clerkship, an evaluation WILL \_\_\_ WILL NOT \_\_\_ be required (if special form, please attach).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: (please type) \_\_\_\_\_ TITLE: \_\_\_\_\_

**SECTION III: TO BE COMPLETED BY THE DEPARTMENT WHERE THE STUDENT WILL TAKE THE ELECTIVE.**

Your application for the elective work has been received and is denied \_\_\_ confirmed \_\_\_ for the period indicated \_\_\_\_\_ to \_\_\_\_\_. You will be expected to report to the following person \_\_\_\_\_.

Attending Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name (please type) \_\_\_\_\_ Chairperson's Signature \_\_\_\_\_

SECTION IV: **AUTHORIZATION OF THE ABOVE** named student for the period specified IS \_\_\_\_\_ IS NOT \_\_\_\_\_ approved by the Sanford School of Medicine of the University of South Dakota Dean of Medical Student Affairs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note: VISITING STUDENTS CANNOT BE ACCEPTED FOR ROTATION WITHOUT THE ABOVE SIGNATURE.