



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

A. To be completed by the student:

Name (please print): _____

Mailing Address: _____

E-Mail Address: _____

Contact Phone Number _____

Medical school presently attending

School Name: _____

School Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Elective Requested:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Dates Requested:

Are you interested in applying to the USD SSOM residency program? _____

The following requirements are MANDATORY and must be received at least six weeks prior to start of course.

- Background Check form
- Proof of BCLS or ACLS current certification
- HIPAA training
- AAMC Immunization form
- Consent and Release Form
- Third-year core course evaluation with narrative comments
- Official transcript
- Confirmation of Medical Malpractice insurance – Student must be covered by general/professional liability insurance in the amounts of \$1 million per claim and \$3 million aggregate during this elective. A copy of the current certificate indicating policy amount or a letter from your school indicating policy amount must accompany this application.
- Provide a photo for ID badge.

B. To be completed by the Dean of Students or contact person of your school the medical student name above:

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1. Is in good academic standing at home institution | Y | N |
| 2. Will be in his/her final year of study before beginning this rotation | Y | N |
| 3. Will receive academic credit from home institution and pay tuition at Home school during the period indicated | Y | N |
| 4. Will be covered by home school student health insurance (if not, Student must provide proof of insurance) | Y | N |
| 5. Has been trained in Universal Precautions in working with Contagious patients | Y | N |
| 6. Has passed USMLE Step 1/COMLEX | Y | N |
| 7. Will have successfully completed the home school required third Year Core clerkship prior to participating in SSOM elective | Y | N |
| 8. If accepted has my approval as well as recommendation to participate In the elective requested | Y | N |
| 9. Is there is a current Affiliation Agreement between your home school and USD SSOM | Y | N |

Medical Malpractice Coverage and Background Check requirements have separate forms that must be completed by a school official.

Name and address this student's evaluation should be mailed to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax #: _____

E-mail Address: _____

Home School Approving Official:

Name of Official (Printed): _____

Officials Title: _____

Signature of Official: _____

Phone: _____ Email: _____

Mail completed application and required documents to:

Teresa Hays
Visiting Student Coordinator
Medical Student Affairs
University of South Dakota
Sanford School of Medicine
Lee Medicine Building, Ste. 101C
414 E. Clark Street
Vermillion, SD 57069-2390