



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

USD Sanford School of Medicine Visiting Student Policy	
<i>Origination Date: May 18, 2020</i>	
Purpose:	To ensure that visiting students to the USD Sanford School of Medicine (SSOM) has a fair and formal process for permitting medical students to visit according to their specialty application.
Policy:	<p>COVID-19 has interrupted the clinical education of most, if not all, medical students. It is a medical school's responsibility to regulate away rotations in an effort to maintain safety, promote equity, and promote well-being.</p> <p>Visiting students may apply for visiting rotations to begin no earlier than November 1, 2020. Given the rapidly changing nature of the current COVID crisis, away rotations may be canceled based on current conditions at SSOM, and in South Dakota. These cancellations will be based on prevailing medical school and university guidelines, municipal regulations, and state mandates. A student entering the state from another may be required to quarantine for two weeks.</p> <p>SSOM will accept visiting students in a limited capacity and will only accept students from home institutions within adjacent states. Those home institutions cannot have the specialty to which the visiting student is applying and, therefore, the away rotation provides for that student an opportunity to gain experience in that specialty. A student that has completed an away rotation at another school will not be permitted to rotate at SSOM.</p>
Process:	The visiting student will submit an application through the USD website. In addition to the documentation previously expected from an applicant, the visiting student will be asked to submit a Visiting Student Exemption Form in the application link. Once the application is complete and the student meets the above qualifications, the Office for Student Affairs will forward the application the appropriate clinical department for review.



VISITING STUDENT EXEMPTION FORM

Dear Student:

Thank you for your interest in rotating at SSOM. The form below is to be completed by your student affairs or academic affairs dean (or designee).

A handwritten signature in black ink that reads 'Dawn Bragg, PhD'.

Dawn S. Bragg, PhD
Dean Medical Student Affairs
USD Sanford School of Medicine

Student name: _____

Student email: _____

Student's Home institution: _____

Specialty of choice: _____

I attest that the above-named student is in good standing, is applying to the specialty named above, and we do not have clinical opportunities in the above student's stated medical field of interest at our institution. Furthermore, I attest that the student will not be completing an away rotation at another school in this field.

Signature

Name

Date



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A. To be completed by the student:

Name (please print): _____
 Mailing Address: _____
 E-Mail Address: _____

Medical school presently attending

School Name: _____
 School Address: _____
 City: _____ State: _____ Zip Code: _____

Elective Requested:

Dates Requested:

1 st Choice:	_____	_____
2 nd Choice:	_____	_____
3 rd Choice:	_____	_____

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
- Immunization 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.

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

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax #: _____
 E-mail address: _____

(continued on next page)

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 | | |
| 8. If accepted has my approval as well as recommendation to participate In the elective requested | 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: _____ Fax #: _____

Mail completed application and required documents to:

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