

**VISITING STUDENT PROGRAM – APPLICATION (Part 1)**

To be completed by the Visiting Medical Student.

<b>Student Name</b> <i>(First, Middle, Last):</i>		
<b>Birth Date</b> <i>(mm/dd/yy):</i>	<b>Telephone:</b>	<b>Gender</b> <i>(circle):</i> Male Female
<b>Citizenship:</b>		<b>Citizenship Country:</b>
<b>Ethnicity (Satcher applicants only):</b> <input type="checkbox"/> African-American <input type="checkbox"/> Mainland Puerto-Rican <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Mexican American <input type="checkbox"/> Native American		
<b>Mailing Address:</b>		
<b>Email Address:</b>		
<b>Name and Address of Emergency Contact Person:</b>		
<b>Emergency Contact Phone:</b>		
<b>Medical School:</b>		<b>Year in Program:</b>
<b>Expected Degree:</b>		<b>Expected Degree Date</b> <i>(mm/dd/yy):</i>
<b>Medical School Address:</b>		
<b>Medical School Contact:</b>		<b>Contact Phone:</b>
<b>Contact Email Address:</b>		

TO BE ELIGIBLE FOR CONSIDERATION, all visiting students must submit the **entire Application (pages 1-5)** to the Registrar's Office **together with the following documents:**

1. Photograph – *Must be in color, must not exceed 3x4-inches in size, must show full view of head and shoulders*
2. Curriculum Vitae
3. Documented proof of passing Step 1 score *(USMLE, COMLEX or IFOM-BSE accepted)*
4. Criminal Background Check Report *(school letters not accepted)*
5. Documented Proof of Personal Health Insurance *(copy of insurance card with coverage dates is accepted)*
6. Documented Proof of Professional Liability Insurance *(\$1,000,000 per claim/\$3,000,000 aggregate)*
7. US Money Order for \$150.00, per elective being requested *(maximum of 4 electives for \$600.00)*
8. Exception: Before starting a rotation, international students must provide proof of valid visa status *(may fax or Email copy of passport Visa page)*

\_\_\_\_\_  
(initials) I understand that all the above materials must be submitted together in ONE packet, otherwise my application will be considered incomplete and may result in my not being offered an elective.

\_\_\_\_\_  
(initials) I acknowledge that I am currently enrolled in the Medical School that is verifying my application, currently in my last year of Medical School, and graduating within 12 months of placement.

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

**VISITING STUDENT PROGRAM – APPLICATION (Part 2)**

To be completed by Dean of Student or designated official at medical school where the Visiting Student is enrolled.

<b>Student Name</b> <i>(First, Middle, Last):</i>		
<b>Student is approved to do electives away from home school for academic credit:</b>	<b>Yes</b>	<b>No</b>
<b>Student will be enrolled as a 4<sup>th</sup> or final year medical student at home school at time of elective</b> <i>(circle):</i>	<b>Yes</b>	<b>No</b>
<b>Student is in good academic standing at home school</b> <i>(circle):</i>	<b>Yes</b>	<b>No</b>
<b>Student has taken and passed Step 1 of the USMLE (U.S. and Canadian Students only, documented proof required)</b> <i>(circle):</i> <small>IFOM-BSE accepted for International students. COMLEX accepted for Osteopathic students.</small>	<b>Yes</b>	<b>No</b>
<b>Student will pay tuition at home medical school during the elective time period scheduled</b> <i>(circle):</i>	<b>Yes</b>	<b>No</b>
<b>Student will be covered by malpractice insurance while away</b> <i>(circle):</i> <small>(Minimum \$1 million/\$3 million aggregate - documented proof required).</small>	<b>Yes</b>	<b>No</b>
<b>Student will be covered by personal health insurance while away</b> <i>(circle) (documented proof required):</i>	<b>Yes</b>	<b>No</b>
<b>Will the medical school accept the CWRU Evaluation Form in lieu of their own form?</b> <small>If not, please provide the medical school evaluation form with this application.</small>	<b>Yes</b>	<b>No</b>

<b>HOME SCHOOL VERIFICATION: To be completed by Dean or Registrar</b>	
Authorized by (signature):	Date:
Name (print or type):	
Title	

Home Medical School:	
Address:	<b>School Seal</b>
Telephone:	
Email Address:	

**AN EMBOSSED SCHOOL SEAL MUST BE IMPRINTED IN THE BOX ABOVE  
OR THE APPLICATION WILL BE RETURNED.**

**VISITING STUDENT PROGRAM – APPLICATION (Core Clinical Clerkships)**

To be completed by Dean of Student or designated official at medical school where the Visiting Student is enrolled.

**Student Name** (First, Middle, Last):

Visiting Students must have completed a **minimum of 4 weeks in EACH** Core Clinical Clerkship to be eligible for the Visiting Student Program. The required Core Clerkships are: 1) Medicine, 2) OB/GYN, 3) Pediatrics, 4) Psychiatry, and 5) Surgery.

CORE CLERKSHIPS COMPLETED	DATES COMPLETED (MM/DD/YYYY)
1) Internal Medicine	
2) Obstetrics & Gynecology	
3) Pediatrics	
4) Psychiatry	
5) Surgery	

**To be completed by Dean or Registrar:**

Authorized by (signature):

Date:

Name (print or type):

Title:

Please direct all applications, correspondence, and questions to:

Visiting Student Program  
Case Western Reserve University  
School of Medicine Registrar's Office  
10900 Euclid Avenue, Room T-408  
Cleveland, OH 44106-4968  
Tel: 216-368-3723  
Email: somvisitingstudent@case.edu

**VISITING STUDENT PROGRAM – APPLICATION (Elective Request Form)**

Student Name (First, Middle, Last):

Choose up to a maximum of 4 electives, scheduled in 4-week blocks only (refer to Academic Calendar on Page 5). Applying for more than 2 electives within the same department is highly discouraged. Provide alternate dates as your first choice may not be available. Visiting Medical Students are not scheduled for more than 4 electives for a total of 16 weeks. Please refer to the List of Electives and Academic Calendar when submitting your request.

**REQUESTED ROTATIONS:**

<b>Elective 1:</b>	<b>Preferred Block</b>	<b>Alternate Block</b>	<b>Alternate Block</b>

<b>Elective 2:</b>	<b>Preferred Block</b>	<b>Alternate Block</b>	<b>Alternate Block</b>

<b>Elective 3:</b>	<b>Preferred Block</b>	<b>Alternate Block</b>	<b>Alternate Block</b>

<b>Elective 4:</b>	<b>Preferred Block</b>	<b>Alternate Block</b>	<b>Alternate Block</b>

**NOTICE: We charge a NON-REFUNDABLE application processing fee of \$150 for each elective that you request (maximum of 4 electives for \$480). This processing fee is not dependent on being offered an elective.**

1 Elective = \$150

2 Electives = \$300

3 Electives = \$450

4 Electives = \$600

\_\_\_\_\_  
(initial) I understand that the scheduling of elective rotations is done on a first come, first served basis and that I may not get the elective(s) that I am requesting on this form.

\_\_\_\_\_  
(initial) I understand that I will be charged an application processing fee of \$150.00 for each elective that I request and that this fee is non-refundable, regardless of whether or not I am offered or accept an elective.

\_\_\_\_\_  
(initial) I understand that confirmation of acceptance into any elective cannot be given until after CWRU students have been scheduled.

\_\_\_\_\_  
(initial) If scheduled for an elective, I agree to notify the Office of the Registrar a minimum of 30-days prior to the start of my scheduled rotation Block should I not be able to do the elective.

\_\_\_\_\_  
(initial) I understand CWRU has a 30-day cancellation policy, and if I cancel an elective within the 30-days the elective cannot be rescheduled and my other pre-arranged electives may also be cancelled.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## VISITING STUDENT IMMUNIZATION COMPLIANCE

Office of the Registrar  
10900 Euclid Avenue, Room T408  
Cleveland, OH 44106-4968

Visiting Student Name (First, Middle, Last):

The following information **MUST** be completed in its entirety and supporting documents attached. Your Visiting Student application is not considered complete until all immunization documents have been received. ALL immunizations are required before participating in the Visiting Student Program at Case Western Reserve University and its affiliated hospitals.

### HEPATITIS B (series of three doses)

Date dose #1:

Date dose #2:

Date dose #3:

### MMR (Mumps, Rubeola, Rubella)

	Vaccine	OR	Positive Serology
Mumps	Date:		Date:
Rubeola (Measles)	Date:		Date:
Rubella (German Measles)	Date:		Date:

### VARICELLA

Have you had Chicken Pox? (check one):

Yes

No

Unknown

If No, were you immunized?

Yes (indicate date)

No

### DIPHTHERIA / TETANUS (Primary series plus booster within the last 10 years)

Diphtheria date:

Tetanus date:

### POLIO (Documented proof not required)

Have you been vaccinated? (check one):

Yes

No

Unknown

### TUBERCULOSIS SCREEN (PPD) Mantoux method 12 months prior to completion of Case elective.

PPD Date:

Result (circle one):

Negative

Positive\*

\*Positive PPD requires chest X-ray:

X-ray Date

Result:

### FLU VACCINE – For rotations November 1 through April 1, the Seasonal Flu vaccine is **MANDATORY**.

Type of vaccine:

Date vaccinated:

The above information **MUST** be completed in its entirety and documentation attached (physician letters, lab reports, etc.).

- Hepatitis B: Series of three doses
- MMR (Mumps, Rubeola, Rubella): Vaccine or positive serology
- Varicella
- Diphtheria & Tetanus (primary series plus booster within last 10 years)
- Tuberculosis Screen (positive PPD also requires chest X-ray)
- Flu Vaccine: (for rotations November 1 through April 1)

## ACADEMIC CALENDAR 2015 - 2016

**NOTE: All Visiting Students electives are 4-week rotations ONLY.**

Curriculum Block	Dates
<b>Block 1</b>	6/29/15 – 7/24/15
<b>Block 2</b>	7/27/15 – 8/21/15
<b>Block 3</b>	8/24/15 – 9/18/15
<b>Block 4</b>	9/21/15 – 10/16/15
<b>Block 5</b>	10/19/15 – 11/13/15
<b>Block 6</b>	11/16/15 – 12/11/15
<b>Block 7</b>	12/14/15 – 1/08/16
<b>Block 8</b>	1/11/16 – 2/05/16
<b>Block 9</b>	2/08/16 – 3/04/16
<b>Block 10</b>	3/07/16 – 4/01/16
<b>Block 11</b>	4/04/16 – 4/29/16
<b>Block 12</b>	5/02/16 – 5/27/16
<b>Block 13</b>	5/30/16 – 6/24/16

Applications for electives from **blocks 1-7** will be accepted starting on March 2, 2015.

Applications for electives for **blocks 8-13** will be accepted starting in November, 2015.

## Electives Offered to Visiting Medical Students

The following electives are the only electives offered to Visiting Students.  
We update this list the 15th of every month. Please note the Exceptions carefully.  
Visiting Students should refer to the online course catalog for descriptions only.

**NOTE: Not all electives in the catalog are offered to Visiting Students.**

To access elective descriptions:

Go to <http://casemed.case.edu/registrar/>

- Click on Catalog from the left menu
- Click on the link for Public Access
- Click on the Type B course topic in the left menu
- Click on the Course Title for the description

Course Code	Course Title	Site	Exceptions
ANES 4000A	Anesthesiology Acting Internship (A.I.)	UH	Domestic students and students from Ross University only. <b>No</b> Visiting Students Block 1 (July).
ANES 4001D	Clinical Anesthesiology	VA	
ANES 4002D	Pain Management	VA	
DERM 4001A	Dermatology	UH/VA	Osteopathic students must be in 4 <sup>th</sup> (senior) year. TOEFL scores required.
DERM 4002A	Hosp. Dermatology	UH	TOEFL scores required.
DERM 4003A	Introduction to Medical Mycology	UH	TOEFL scores required.
DERM 4004A	Dermatopathology	UH	Prior Dermatology experience required. TOEFL scores required.
EMMD 4000A	Emergency Medicine A.I.	UH	No International students July through March. <b>No longer accepting applications at this time.</b>
EMMD 4001A	Surgical Intensive Care	UH	No International students.
EMMD 4001D	Surgical Intensive Care Unit	VA	No International students.
EMMD 4002A	Emergency Medicine	UH	No International students July through March.
GERI 4001D	Clinical Geriatric Medicine	VA	No International students.
GERI 4002A	House Calls Medicine	UH	No International students.
GERI 4004A	Geriatrics Medical Home Team-Based Care	UH	No International students.
HEMA 4001A	Hematology-Oncology	UH	No international students. No visiting students in Block 1 (July). Applications only reviewed 2 months prior.
HEMA 4002A	Blood & Marrow Transplants	UH	No international students. No visiting students in Block 1 (July). Applications only reviewed 2 months prior.
IMED 4000A	Internal Medicine A.I.	UH	For students from LCME-accredited schools ONLY ( <a href="http://www.lcme.org/directory">www.lcme.org/directory</a> ) Not available July through Sept. Accepting applications for blocks 10-13.

IMED 4001D	Internal Medicine A.I.	VA	For students from LCME-accredited schools ONLY ( <a href="http://www.lcme.org/directory">www.lcme.org/directory</a> ) No visiting students blocks 1-3.
IMMU 4001D	Infectious Diseases Consult Services	VA	No International students.
NEUM 4000A	Sub-Internship in Neurology	UH	Neuroscience core clerkship required.
NEUM 4001A	Neurologic Critical Care	UH	Neuroscience core clerkship required.
NEUM 4002A	Neurology Adult Stroke A.I.	UH	Neuroscience core clerkship required.
NEUM 4003A	Neurology Adult Epilepsy	UH	Neuroscience core clerkship required.
NEUM 4004A	Neurologic Critical Care A.I.	UH	Neuroscience core clerkship required.
NEUS 4000A	Neurosurgery A.I.	UH	No International students
OPHTH 4001A	Clinical Ophthalmology	UH	No Osteopathic Students.
ORTH 4000A	Orthopedics A.I.	UH	No International students. Accepting domestic visiting students June-Oct ONLY
ORTH 4001A	Hand Surgery	UH	No International students.
OTOL 4001A	Otolaryngology	UH	For students from LCME-accredited schools ONLY ( <a href="http://www.lcme.org/directory">www.lcme.org/directory</a> ) Prerequisite: Successful completion of the Core Surgery rotation.
PATH 4003A	Anatomic and Clinical Pathology	UH	Documented interest in Pathology required. No visiting students blocks 1-2.
PEDS 4001A	Pediatric Cardiology	UH	Applications reviewed 2 months prior.
PEDS 4002A	Pediatric Hematology/Oncology	UH	Pediatrics Core Clerkship MANDATORY. No International students. Applications reviewed 2 months prior.
PEDS 4004A	Pediatric Endocrinology/Metabolism	UH	No International students. Students <b>must</b> have their own transportation. Applications reviewed 2 months prior.
PEDS 4005A	Pediatric Infectious Diseases	UH	Previous clinical experience in U.S. is required. Applications reviewed 2 months prior.
PEDS 4006A	Pediatric Surgery	UH	No International students. Applications reviewed 2 months prior.
PEDS 4007A	Pediatric Critical Care Medicine A.I.	UH	Applications reviewed 2 months prior.
PEDS 4009A	Child Advocacy and Protection	UH	Applications reviewed 2 months prior.
PEDS 4010A	Adolescent Medicine	UH	Students <b>must</b> have their own transportation. Applications only reviewed 2 months prior.
PEDS 4012A	Aspects of Pediatric Neurology	UH	Applications only reviewed 2 months prior.
PEDS 4013A	Sports Medicine For Children	UH	Students <b>must</b> have their own transportation. Applications only reviewed 2 months prior. Not accepting applications for block 7 (December).



PEDS 4014A	Pediatric Nephrology	UH	No International students. Applications reviewed 2 months prior. Not accepting applications for block 7 (December).
PEDS 4015A	Pediatric Orthopedics	UH	No International students. Students <b>must</b> have their own transportation. Applications reviewed 2 months prior. Not accepting applications for block 7 (December).
PEDS 4017A	Pediatric Gastroenterology	UH	No International students. Applications reviewed 2 months prior.
PEDS 4018A	Pediatric Epilepsy & Clinical Neurophysiology	UH	Applications reviewed 2 months prior.
PEDS 4019A	Neonatal ICU A.I.	UH	Applications accepted starting block 5 (October). Applications only reviewed 2 months prior. Not accepting applications for block 7 (December).
PEDS 4020A	Pediatric Palliative Care at Rainbow Babies & Children's Hospital	UH	Applications only reviewed 2 months prior.
PSYY 4000A	Psychiatry A.I.	UH*	This rotation is at the UH Richmond Medical Center, 27100 Chardon Rd, Cleveland OH 44143. Students <b>must</b> have their own transportation. For students from AACOM- and LCME-accredited schools ONLY ( <a href="http://www.lcme.org/directory">www.lcme.org/directory</a> , <a href="http://www.aacom.org/about/colleges/Pages/default.aspx">http://www.aacom.org/about/colleges/Pages/default.aspx</a> )
PSYY 4001A	Consultation Liaison	UH	Students <b>must</b> have their own transportation. For students from AACOM- and LCME-accredited schools ONLY ( <a href="http://www.lcme.org/directory">www.lcme.org/directory</a> , <a href="http://www.aacom.org/about/colleges/Pages/default.aspx">http://www.aacom.org/about/colleges/Pages/default.aspx</a> )
PSYY 4002A	Forensic Psychiatry	UH	Students <b>must</b> have their own transportation. Documented interest in forensic psychiatry MANDATORY. For students from AACOM- and LCME-accredited schools ONLY ( <a href="http://www.lcme.org/directory">www.lcme.org/directory</a> , <a href="http://www.aacom.org/about/colleges/Pages/default.aspx">http://www.aacom.org/about/colleges/Pages/default.aspx</a> )
PSYY 4003A	Child Adolescent Psychiatry	UH	For students from AACOM- and LCME-accredited schools ONLY ( <a href="http://www.lcme.org/directory">www.lcme.org/directory</a> , <a href="http://www.aacom.org/about/colleges/Pages/default.aspx">http://www.aacom.org/about/colleges/Pages/default.aspx</a> )
PSYY 4004A	Community Psychiatry	UH	Students <b>must</b> have their own transportation. For students from AACOM- and LCME-accredited schools ONLY ( <a href="http://www.lcme.org/directory">www.lcme.org/directory</a> , <a href="http://www.aacom.org/about/colleges/Pages/default.aspx">http://www.aacom.org/about/colleges/Pages/default.aspx</a> )
PULM 4001A	Pulmonary Consult Service	UH	<b>No</b> Visiting Students accepted in block 1 (July).
PULM 4002A	Critical Care Medicine	UH	<b>No</b> Visiting Students accepted in block 1 (July).
RADI 4001A	Radiology	UH	
RADI 4003A	Interventional Radiology	UH	
RADI 4004A	Neuroradiology	UH	
RADI 4005A	Musculoskeletal Radiology	UH	
RADI 4006A	Thoracic Imaging	UH	
RADI 4007A	Abdominal Imaging	UH	

RADI 4008A	Ultrasound	UH	
RBIO 4000A	Obstetrics A.I.	UH	No International students.
RBIO 4001A	Gynecologic Surgical Subspecialties	UH	No International students.
RBIO 4005A	Gynecologic Oncology AI	UH	No International students.
SURG 4005A	Plastic Surgery AI	UH	No International students.

*Updated 2/24/15*