

STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER

Office of the Registrar
Basic Science Building 1-112, Box 98
450 Clarkson Avenue, Brooklyn, NY 11203
(718)270-4552 (ph) (718)270-7592 (fax)

U.S. Visiting Student Application (For Students from LCME accredited U.S. Medical Schools)

Note: This form and the Health Statement Form for Visiting Students must be printed, filled out and mailed to the address below. Completed applications must be received by the application deadline cycle and be received at least eight weeks prior to the start of the elective.

PART A: (To be completed by the student applying for the elective)

Name: _____ Birth Date: _____
Last First

Address: _____
Street City State Zip

Phone: _____ E-mail: _____ ID/SSN#: _____

Medical School Presently Enrolled: _____ Year: _____

School Address: _____ Phone: _____
Street City State Zip

Have you ever applied to or attended Downstate School of Medicine? ___ Yes ___ No

ELECTIVE REQUESTED:

TITLE: _____ COURSE#: _____

DATES REQUESTED: 1st CHOICE _____ 2nd CHOICE _____

PART B: (To be completed by the Dean or designated official of the medical school where the student is presently enrolled)

Is this student in good academic standing? _____ YES _____ NO
Is this student approved to take this elective for credit? _____ YES _____ NO
Does malpractice insurance cover this student during rotation away from his/her school? _____ YES _____ NO
Is the student's personal health insurance coverage in effect while away from his/her school? (proof required) _____ YES _____ NO
Has the student completed HIPAA training? (proof required) _____ YES _____ NO
At the end of the clerkship an evaluation form will be required (please see attached form) _____ YES _____ NO
An official transcript in a sealed envelope must accompany this application (attached) _____ YES _____ NO
Passport photo (attached) _____ YES _____ NO
Has this student passed Step 1 of either USMLE or COMPLEX? If yes, please circle which exam _____ YES _____ NO

Check the Core Clerkships student will have completed at the time of the elective:

Medicine OB/GYN Psychiatry Surgery Pediatrics Neurology OTHER: _____

Name/Title of Official: _____ SCHOOL SEAL:

Signature: _____ Date: _____

PART C: (To be completed by Downstate Medical Center Department Chairperson or Elective Coordinator)

This visiting student's elective request: _____ Approved _____ Not Approved

Signature: _____ Date: _____

Student should report on first day of rotation to: _____

Preceptor: _____

Telephone Contact: _____ Date: _____ Time: _____

Please return completed form to: **SUNY Downstate Medical Center 450 Clarkson Avenue, Box# 98 Brooklyn, New York 11203**
Attn: Sandra Mingo

State University of New York Downstate Medical Center

Visiting Medical Students From United States Medical Schools Forms

U.S. Visiting Student Application; Health Form for Visiting Students

Eligibility

Students from other medical schools are not permitted to enroll in clerkships.

SUNY Downstate welcomes visiting medical students into the senior elective program. Students who will have completed their clinical clerkships by the starting date of the desired elective are eligible to apply. Applicants must be in good academic standing at their home school, must have their school's approval to participate in the desired elective and must have health and liability insurance coverage and be HIPAA certified.

General Information

All elective courses at SUNY Downstate and its affiliated institutions are part of the official curriculum of the College of Medicine. Qualified students from their medical schools may be accommodated in those elective spots that have not been filled by SUNY Downstate students. Applicants are considered in the order their application is received; SUNY Downstate students are given first preference to all electives offered. Elective rotation dates must coincide with the scheduled dates of the SUNY Downstate Medical Center's elective periods.

- Visiting Student Application Forms are found on the web at sls.downstate.edu/registrar/visiting. They are no longer available in hard copy. The US VISITING MEDICAL STUDENT APPLICATION must be completed in its entirety for each elective you wish to take. The application must bear the imprint of your school seal.
- A current official transcript or detailed evaluation of courses completed must accompany the application.
- A completed health assessment form must also be submitted.
- PROOF OF MALPRACTICE/LIABILITY AND PERSONAL HEALTH INSURANCE IS REQUIRED (SUNY Downstate Medical Center does not provide student health or liability coverage for visiting students)
- You must submit proof of HIPAA certification.
- You must submit a passport photo.
- Visiting students MUST apply through the Office of the Registrar for ALL electives.
- Visiting students are not permitted to contact the course directors directly. ALL inquires MUST go through the Office of the Registrar.
- Please review the provided material thoroughly and select an elective program carefully. **Once accepted, no changes will be permitted.**

Office of the Registrar
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 98
Brooklyn, New York 11203
Telephone: (718)270-4552
E-mail: visitsstudent@downstate.edu

Housing may be available in one of two residence hall facilities (811 New York Avenue and 825 New York Avenue).
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 115
Brooklyn, New York 11203
Telephone: (718) 270-1466
E-mail: residentiallife@downstate.edu

Student Health Services
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 33
Brooklyn, New York 11203
Telephone: (718) 270-1995
E-mail: studenthealth@downstate.edu

Notification of approval or denial:

Students will be notified of approval or denial at least 4 weeks prior to the start date of the elective. Students who withdraw his or her application less than 2 weeks prior to the start of the elective will get a letter of complaint sent to his/her medical school to be placed in their academic file.

Arrival on the first day:

All visiting students must report to the Office of the Registrar the Friday before the first day of their elective to register. Health clearance **MUST** be completed in order for the student to be permitted to register. Students will receive a letter to obtain a Downstate I.D. card and visiting student privileges to the library. The department will NOT receive a student who has not registered through the Office of the Registrar.

APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL COMPLETED COMPONENT PARTS HAVE BEEN RECEIVED. PLEASE NOTE THE APPLICATION DEADLINES.

*****DEADLINES: There are NO exceptions to these deadlines. Once scheduled, changes are NOT permitted for any reason. *****