



**Northwestern University's Feinberg School of Medicine Visiting Clerkship program  
2008-2009 Academic year**

**United States medical school:** refers to any LCME-accredited medical school located in the United States, Canada, Puerto Rico. **Global Partner Institutions:** see below. **International medical schools:** refers to all other schools.

**Northwestern's Global Partner Institutions include the following universities:**

<b>Continent</b>	<b>University</b>	<b>Location</b>
Africa	Stellenbosch University	Stellenbosch, South Africa
	Makerere University	Makerere, Uganda
Asia	Capital Medical University	Beijing, China
	Keio University	Tokyo, Japan
	National Taiwan University	Taipei, Taiwan
Central/South America	Universidad Panamericana	Mexico City, Mexico
Europe	Université Paris Diderot 7	Paris, France
	Université Louis Pasteur	Strasbourg, France
	Université François Rabelais	Tours, France
	Charité-Universitätsmedizin	Berlin, Germany
	Universidad de Murcia	Murcia, Spain
	Karolinska Institutet	Stockholm, Sweden

**Medical students from the above universities should contact their medical school's international coordinator before applying.**

**If your medical school is not listed above, please fill out an application for an "International Student."**

**Eligibility Requirements for Medical Students from our Partner Institutions:**

Prospective students for the Visiting Clerkship program:

- Must be a medical student enrolled in one of the above universities.
- Must receive prior approval from their school's academic office.
- Must be in good standing at their medical school.
- Must have completed at least one year of in-hospital clinical training and have completed all core clerkships in Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery.
- Must be pursuing a medical degree.
- Must rotate before they graduate from medical school.

**Application Information for Partner Institution Medical Students:**

Although visiting rotations are available in virtually every aspect of medicine, you should be aware that they are designed specifically for students enrolled in their final year of medical school who have **already** completed one full year of in-hospital clinical training prior to an anticipated elective at Northwestern University. It is required that visitors first complete basic clerkships in **Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery** before participating in any electives. Certain specialty electives may have prerequisites. Please check each individual listing in the elective catalog for details.

All Visiting Student rotations are scheduled through the Visiting Student Clerkship Coordinator in the Office of Medical Education. Clerkship assignments for visiting students are made after our own students' schedules have been completed after May 1 for the upcoming academic year. Northwestern students always have priority on available clerkships. Rotations are assigned on a space-available basis, and registration is restricted to a **maximum of eight weeks**.

**Application form:** Please fill out this form in its entirety (see pages below). If eligibility requirements are met, one application form is used if you would like to rotate one 4-week rotation block (3 different rotation choices may be listed). Rotations are 4 weeks in length and registration is restricted to a **maximum of eight weeks**. If you would like to rotate two times (two 4-week rotations), 2 application forms must be used and original documentation ***in duplicate*** must be submitted, for example, 2 application forms, 2 transcripts, 2 letters of recommendation, etc. Only original documents will be accepted. Copies, faxes, or scanned documents will not be accepted. Incomplete applications will not be processed. If you are not scheduled, you cannot submit additional elective choices for the same month. Do not attach additional elective choices.

**Dean's Certification:** Section II of the application **must** be completed and signed by your medical school Dean or designee. Only documents with an original signature and seal will be accepted. Incomplete forms will not be processed. Copies, faxes, or scanned documents will not be accepted.

**Immunization Form:** The Northwestern University immunization form must be completed by a personal physician or the home school health office in order for your application to be processed. Only an original signature will be accepted. Copies, faxes, or scanned copies of the NU immunization form will not be accepted. A substitute health form will not be accepted. Please attach the requested laboratory reports. **All health documentation must be submitted in ENGLISH.** Failure to do so will delay processing of your application.

**Letter of Recommendation:** One general letter of recommendation from a faculty member who has observed you clinically is required. The letter must comment on your clinical abilities and performance, and must be in English. A letter of good standing is not a substitute. **Some departments have specific letter of recommendation requirements. Please refer to the elective catalog for details.** Only original documents will be accepted with a faculty member's signature on official stationery. Copies, faxes, or scanned documents will not be accepted.

**A Curriculum Vitae:** please submit your most current CV.

**An official transcript:** please submit a current, original, sealed transcript from your medical school's Registrar's office. Your transcript must show all grades from the required core clerkships (**Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery**). Transcripts may be sent separately from your application. However, applications will be held and not processed until all required documents have been received by the application deadline. It is suggested that you include a sealed envelope with your application materials to ensure faster processing. Only original documents will be accepted. Copies, faxes, or scanned documents will not be accepted.

**English Proficiency Test:** Fluency in English is mandatory. In order to assure both your comfort during the clerkship and that of the patients, physicians and other health care workers with whom you will need to interact, please submit an English Proficiency test, for example, a Cambridge or Oxford exam, TOEFL, etc. Your level must be the equivalent to a C1-C2 user in the Common European Framework scale. (sample TOEFL scores are Internet: 84; Computer: 223). An exam is preferable. However, if no exam is provided, a telephone interview will be sufficient.

**Universal Precautions training:** To fulfill line 3 on page 2 of the international application, all students must complete training in Universal Precautions. There is a training guide and a quiz on the Visiting student website. Please read the materials, take the quiz, and submit with your application.

**Passport-size photo:** Please send with your application to order to assist residents and attendings in recognizing you more quickly when completing your final evaluation.

**Deadlines:** Visiting students are required to submit a complete application before the deadline (see calendar for details). Applications or documentation submitted after the deadlines will not be processed. Applications should not be sent any earlier than six months prior to the start of a desired elective.

**Calendar:** Visiting students are required to follow the Northwestern calendar. Dates cannot be modified.

**When to apply:** Summer months are extremely busy with visiting students from US medical schools in their search for residency opportunities. Chances of securing an acceptance during this time are very low, although there may be some availability at Evanston Hospital. Winter, and Spring blocks have more availability.

**Visa requirements and deadlines:** Visiting student application processing takes time as does visa processing. If you require a visa to rotate at Northwestern, it is your responsibility to plan accordingly and to apply far enough in advance to secure an acceptance from Northwestern and have ample time to apply for a visa. If visa processing takes 2 months in your country, please apply 4 months in advance. You will have to have all travel plans and a visa secured 2 weeks before your desired start date. Northwestern is not responsible for visa processing. However, a visa invitation letter will be provided.

**Elective Availability:** Due to the daily fluctuation in add/drop requests, all electives are open unless noted in the individual elective description found in the Elective Catalog. Do not call to inquire about availability. Please list all 3 choices for electives to better your chances of being placed. Some electives are closed to visiting students during certain rotation blocks. Please refer to the elective catalog for details. Do **not** contact course directors or department heads. The Visiting Student coordinator does not have information on openings. Spaces are **not** reserved and students are placed on a first-come, first serve basis.

**Elective Catalog:** In this catalog, you will find the offerings at Northwestern Memorial Hospital, Children's Memorial Hospital, and Evanston Hospital. There is a course number (ex: AAA.XXXX.04.NMH) listed below the name of the rotation and description for each rotation offered. Please write the course number and rotation name on your application. Failure to include this information will only delay your application. Since rotations are 4 weeks in length, you may not rotate in the same elective for 8 weeks (for example, you may not rotate in Diagnostic Radiology for both Summer 1 and Summer 2). Length in electives cannot be modified.

**Acceptance:** In order to be fully accepted to our program, you must receive an acceptance letter from the Visiting Student Clerkship Coordinator in the Office of Medical Education. An accepted student will receive both a hard copy in the mail and email notification. Approval from departments does not signify that you have been accepted to rotate. Registration is restricted to a **maximum of eight weeks**. Your acceptance documents will be either faxed to your school or mailed via Federal Express to your home or school.

**Health requirements:** Any student entering a healthcare-related program, regardless of citizenship, must submit proof of a TB skin test done in the United States within six months prior to registration. **This is not required in order to apply, but will be required if you are accepted.** If you have rotated at another US medical school and have a PPD reading within six months of your Northwestern acceptance date, you may include this with your application. If this is not an option and you are accepted, you will have a PPD administered at Northwestern.

**Malpractice Insurance:** If your medical school does not provide coverage, Northwestern University will provide coverage for international visiting students at no cost.

**Health Insurance:** All partner institution students must be covered by health insurance during the time they are rotating. Students must purchase the Northwestern University Visiting Scholar Health insurance plan for \$125.00 for one rotation and \$225.00 for two rotations. Additional charges will incur if your stay is longer. Do **not** send payment with your application. You will be notified of payment options once accepted.

**Health Insurance Portability and Accountability Act (HIPAA):** To fulfill line 4 on page 2 of the international application, all students must complete HIPAA training. Please submit proof of training with your application. Information can be found on the website.

**Changes in electives:** Once a student has been scheduled to rotate, no change in elective choice **or** rotation block will be allowed. This policy cannot be overridden by a department or an attending.

**Late Arrivals:** We do not tolerate late arrivals. Rotations have specific start and end dates. If you cannot arrive on time for your rotation, you will need to cancel your rotation.

**Cancellations:** If you cannot attend a scheduled elective, you must notify the Visiting Student Clerkship Coordinator via email at least 4 weeks before your start date. A cancellation form must be submitted (see website). Visiting Student Clerkship Coordinator will then notify the department that you cannot attend. No re-scheduling of electives is permitted. If you fail to notify the Visiting Student Clerkship Coordinator, Northwestern may withdraw you from any future scheduled elective and will report this to your school.

**Residency programs:** If you are an international student interested in the match process and residency programs and do not hold US citizenship, you must check the visa requirements with your school’s academic office and embassy before applying to a residency program. It is also suggested that you seek the advice of an immigration lawyer.

**Incomplete applications will not be processed. Here is a checklist for your use.**

	I understand all policies above and will submit all required documentation. Departments or attendings cannot override Feinberg School of Medicine policies or requirements.
	I understand that one application form is used per 4-week rotation block. To better my chances of securing an elective, I have listed 3 different elective choices and 3 different rotation periods per application. If you wish to rotate 8 weeks, two applications must be filled out with 3 different choices and different dates.
	I understand that I may apply for a maximum of 2 electives (4 weeks each).
	I understand that if I am applying for two electives, 2 separate application forms must be filled out and original documentation <u>in duplicate</u> must be submitted (i.e., 2 transcripts, 2 letters of recommendation, etc.)
	I understand the application deadlines.
	I understand that rotation dates may not be modified and that I must follow the Northwestern calendar.
	I filled out the application form in its entirety. I did <u>not</u> attach additional sheet of paper for more choices.
	My medical school Dean or designee filled out Section II of my application with an original signature and seal.
	I enclosed the Northwestern University Immunization form in original form and attached additional documentation/lab reports. It is filled out and signed by my personal physician or my school’s health office. I have submitted all documentation in English.
	I enclosed a letter of recommendation in English, not a letter of good standing. I have checked the elective catalog for specific departmental requirements.
	I enclosed my most current curriculum vitae (CV).
	I enclosed an official, current transcript that is sealed by Registrar’s office. My transcript shows all grades from the required third year clerkships (Internal Medicine, Obstetrics/Gynecology, Pediatrics, and Surgery).
	I have checked the elective catalog for special departmental application requirements.
	I enclosed a passport-size photo.
	I understand that incomplete applications will not be processed.
	<p><b>I understand that I must send original documentation to apply for an elective. Applications cannot be faxed or emailed. Please send all <u>completed</u> applications to:</b></p> <p><b>Northwestern University Feinberg School of Medicine          Alie Freund          Visiting Student Programs          Augusta Webster Office of Medical Education, Ward 1-003          303 E. Chicago Avenue          Chicago, IL 60611</b></p>

attach  
photo  
here

**Northwestern University Feinberg School of Medicine**  
**APPLICATION FOR THE VISITING STUDENT ELECTIVE PROGRAM**  
 2008-2009 Academic Year

**Please return all application materials to:**  
 Northwestern University Feinberg School of Medicine  
 Visiting Student Programs, Alie Freund  
 Augusta Webster Office of Medical Education, 303 E. Chicago Avenue, Ward 1-003  
 Chicago, IL 60611 USA

<i>Office use only</i>	
Rec'd: ___/___/___	
<input type="radio"/>	App. form
<input type="radio"/>	Health form
<input type="radio"/>	Transcript
<input type="radio"/>	CV
<input type="radio"/>	LOR
<input type="radio"/>	English
<input type="radio"/>	UP/HIPAA
Not'd: ___/___/___	

**SECTION I: To be completed by applicant. (please print clearly) (office use only) FSM # - -**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M F

Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yy)

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Medical School: \_\_\_\_\_ Country: \_\_\_\_\_

<b>Mailing address</b> Line 1		
Line 2		
City	Country	Postal Code
Emergency contact name/phone number:		

**Address where final evaluation is to be sent:**

Medical School		
Name and Title of school official		
Street address		
Street address (2)		
City	Country	Postal Code

**By the time of my requested rotation, I will have completed core clerkships in: (list number of weeks)**

Int. Medicine: \_\_\_\_\_; OB-GYN: \_\_\_\_\_; Pediatrics: \_\_\_\_\_; Surgery: \_\_\_\_\_; Other: \_\_\_\_\_

**I wish to apply for the elective:**

**1<sup>st</sup>:** Elective name: \_\_\_\_\_ Course #: \_\_\_\_\_

**2<sup>nd</sup>:** Elective name: \_\_\_\_\_ Course #: \_\_\_\_\_

**3<sup>rd</sup>:** Elective name: \_\_\_\_\_ Course #: \_\_\_\_\_

**Northwestern elective dates: (Rank your top choices in order (up to 4): 1 = 1<sup>st</sup> choice, 2 = 2<sup>nd</sup> choice, etc.)**

**SUMMER**

- \_\_\_ July 7-August 1, 2008 (Summer 1)
- \_\_\_ August 4- August 29, 2008 (Summer 2)
- \_\_\_ September 2- September 26, 2008 (Summer 3)

**FALL**

- \_\_\_ September 29-October 24, 2008 (Fall 1)
- \_\_\_ October 27-November 21, 2008 (Fall 2)
- \_\_\_ November 24-December 19, 2008 (Fall 3)

**WINTER**

- \_\_\_ January 5- January 30, 2009 (Winter 1)
- \_\_\_ February 2- February 27, 2009 (Winter 2)
- \_\_\_ March 2- March 27, 2009 (Winter 3)

**SPRING**

- \_\_\_ March 30-April 24, 2009 (Spring 1)
- \_\_\_ April 27-May 22, 2009 (Spring 2)
- \_\_\_ May 25-June 19, 2009 (Spring 3)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**SECTION II: To be completed by the Dean or designee of Student's Medical School.**

1. The above named student is in good standing at this school and is in the \_\_\_\_\_ th year of a \_\_\_\_\_ th year program. Yes No
2. The student will have completed the core clerkships above mentioned prior to the dates for which the elective is requested. Yes No
3. The student has completed training in the universal precautions for the handling of body fluids and sharp instruments. Yes No
4. The student has completed a course in patient confidentiality. (equivalent to US HIPAA training). Yes No
5. This student is proficient in the English Language and is considered a C1-C2 level student according to the Common European Framework. Yes No
6. The student is authorized to take this clerkship for credit. Yes No
7. This student has an anticipated graduation date of (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Place School Seal Here

~~~~~Do not write below this line~~~~~

**Section III: Approval by NUFSOM Visiting Student Clerkship Coordinator**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Section IV: Approval by NUFSOM elective department**

Your application for the elective \_\_\_\_\_ course number \_\_\_\_\_

has been approved for the dates: \_\_\_\_\_ Block: \_\_\_\_\_  
(eg. Summer 2)

**You should report to:**

Name: \_\_\_\_\_ Phone/pager number: \_\_\_\_\_

Address: \_\_\_\_\_

Building: \_\_\_\_\_ Floor/room number \_\_\_\_\_

Campus: NMH CMH ENH Date: \_\_\_\_\_ Time: \_\_\_\_\_

This student will need Powerchart viewing access: YES NO

This student will need Powerchart charting access: YES NO (training required)

Special Instructions: \_\_\_\_\_

Signed: \_\_\_\_\_ Today's Date: \_\_\_\_\_