



University of Colorado School of Medicine
Anschutz Medical Campus

**International Visiting Medical Student Application for 4TH Year Electives
Students from US medical schools MUST apply via VSLO**

[CLICK HERE FOR VLSO](#)

Rotations will vary based on availability.

**CU School of Medicine Departments have full discretion concerning acceptance
to their elective rotations.**

Attach photo here

International Students: International Medical Students must find a faculty member who wishes to invite and sponsor them for an elective in their department. Once established, the faculty member should send a written request supporting the student to office of Student Affairs (The student can only participate in course work within the sponsors specialty, if accepted by the course director). Students should be comparable to U.S. fourth year students (will have completed 48-weeks of clinical training in Internal Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, Psychiatry and Neurology) and will be accorded the same experiences as a fourth year University of Colorado student. Students must be in good standing at their home medical school and must provide a letter from their Dean stating this. They must also provide malpractice insurance in the amount of \$1,000,000/\$3,000,000, provide a passing score report on the USMLE Step 1 exam, as well as all other University of Colorado Visiting Student requirements. Students from non-English speaking countries must supply a certificate of fluency in the English language (spoken and written) such as a TOEFL or the sponsor must know that the student is fluent in medical English. The faculty sponsor will be responsible for answering questions and providing required correspondence for VISA applications, if necessary. International students are required to pay a fee of \$4,000 per 4 week elective plus the \$150 application processing. Once accepted, students have two weeks to submit the payment made payable to University of Colorado School of Medicine via the on-line portal we will provide you. The fee is non- refundable. International Medical Students will be allowed to participate in a maximum of one 4-week elective

Sponsorship from a University of Colorado *faculty member* is REQUIRED.
If you have not acquired a sponsor, or your application is INCOMPLETE,
YOUR APPLICATION AND OTHER DOCUMENTATION WILL NOT BE
REVIEWED.

A. To Be Completed By The Student:

Name (please print): _____

Mailing Address: _____

Phone: _____

E-Mail Address: _____

Last four digits of SSN: _____ Date of Birth: _____

Elective Requested:

1st Choice Dept. _____ Course # _____ Course Title _____

2nd Choice Dept. _____ Course # _____ Course Title _____

3rd Choice Dept. _____ Course # _____ Course Title _____

Dates Requested: 1st Choice _____ 2nd Choice _____

Please indicate if one is most important for you by circling **ELECTIVE** or **DATE**

B: To Be Completed By Home School Approving Official

The medical student named above:

Is in good academic standing at home institution.	Y		N	
Will be in his/her final year of study before beginning this elective.	Y		N	
Will have successfully completed your required third year clerkships prior to beginning this elective.	Y		N	
Will receive academic credit from home school.	Y		N	
Will pay tuition at home school during the period indicated.	Y		N	
Has passed USMLE Step 1.	Y		N	
Is covered by health insurance.	Y		N	
Will be covered by home school's worker's compensation insurance.*	Y		N	
Has been instructed in safety measures and infection control precautions.	Y		N	
Is certified in Basic Life Support or Advanced Cardiac Life Support.	Y		N	
Has my approval as well as recommendation to participate in the elective requested.	Y		N	

* University of Colorado School of Medicine is not responsible for worker's compensation issues or injuries and claims for which workers' compensation coverage is required in Colorado.

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

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Page 3 – Student Name: _____

Home Medical School

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Where should this student’s evaluation be emailed to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Fax number: _____

E-mail address: _____

Home School Approving Official:

Name of Official (printed) _____

Officials Title: _____

Signature of Official _____ Date _____

Phone : _____ Fax #: _____

C. The following items must accompany this application and be received at least eight weeks prior to start date requested elective. All electives are four weeks in length. **Incomplete applications will not be reviewed.**

- Sponsorship from a University of Colorado faculty member, in the department you wish to complete a visiting rotation.
- Background Check form
- HIPAA training (must be VHA Privacy Policy Training Certificate of Completion)
- Immunizations - our form must be completed (polio and respiratory fit mask required).
- Official transcript showing third year grades or written verification from your registrar or school official stating the final grades received in all third-year core courses.
- Confirmation of Medical Malpractice Insurance - Student must be covered by general/professional liability insurance in the amounts of \$1 million per occurrence / \$3 million aggregate during this elective. A copy of the current certificate indicating policy amounts or a letter from your school indicating policy amounts must accompany this application.
- On acceptance, a non-refundable fee of \$4,150.00 is due and you will be provided information on how to make that payment electronically.

University of Colorado School of Medicine
Attn: Visiting Student Coordinator
13001 E. 17th Place, Mailstop C292
Aurora, Colorado 80045
Phone 303-724-8026