



**University of Colorado School of Medicine**  
Anschutz Medical Campus

**Visiting Foreign Medical Student Application for 4<sup>TH</sup> Year Electives**  
**Students from US medical schools MUST apply via VSAS**  
<https://www.aamc.org/students/medstudents/vsas/>

Attach photo here

**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:**

**1<sup>st</sup> Choice Dept.** \_\_\_\_\_ **Course #** \_\_\_\_\_ **Course Title** \_\_\_\_\_

**2<sup>nd</sup> Choice Dept.** \_\_\_\_\_ **Course #** \_\_\_\_\_ **Course Title** \_\_\_\_\_

**3<sup>rd</sup> Choice Dept.** \_\_\_\_\_ **Course #** \_\_\_\_\_ **Course Title** \_\_\_\_\_

**Dates Requested: 1<sup>st</sup> Choice** \_\_\_\_\_ **2<sup>nd</sup> 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.**

(continued on page 2)

Page 2 – Student Name: \_\_\_\_\_

**Home Medical School**

School Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Where should this student’s evaluation be mailed:**

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 #: \_\_\_\_\_

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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.

- ◆ Background Check form (or Background Consent Release with \$65.00 nonrefundable fee (can be included with application fee) – *check made payable to: University of Colorado School of Medicine*
- ◆ 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.
- ◆ \$150.00 non-refundable fee (check made *payable to: University of Colorado School of Medicine*).
- ◆ 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.
- ◆ Sponsorship from a University of Colorado faculty member, in the department you wish to complete a visiting rotation.
- ◆ On acceptance an administrative fee of \$4,000.00 is due

**Email completed application and all required documents to [SOM.VisitingStudents@ucdenver.edu](mailto:SOM.VisitingStudents@ucdenver.edu).  
Mail application fee of \$150.00 (check made payable to:**

**University of Colorado School of Medicine**  
**Attn: Visiting Student Coordinator**  
**13001 E. 17<sup>th</sup> Place, Mailstop C292 Aurora,**  
**Colorado 80045**  
Phone 303-724-8026  
Fax 303-724-6409