University of Colorado School of Medicine
Anschutz Medical Campus

**International Visiting Medical Student Application for 4TH Year Electives
Students from <u>US medical schools MUST apply via VSLO</u>
<u>CLICK HERE FOR VLSO</u>
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. VSLO will not be used for International Medical Student applicants. International students are required to pay a fee of $4,000 per 4 week elective plus the $150 application processing and $65 background check fees. 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.**

The University of Colorado Denver
School of Medicine
International Visiting Student Program Sponsor Agreement

The School of Medicine offers students from international medical schools a number of fourth year clinical electives to which they can apply. To apply, a University of Colorado School of Medicine (CUSOM) full-time paid faculty member must sponsor the international student.

To be considered for an elective, I understand the student must meet all requirements for the international visiting student program.

As a CUSOM faculty sponsor, I confirm that I know the student, have personally invited the student to participate in our international program and agree to be responsible for the students' professional, social behavior and well being while on rotation at CUSOM. A copy of the letter of invite will be attached to this form. I am aware that CUSOM is not responsible for any financial obligations to the student.

The International Scholars and Students Office (ISSO) has the sole discretion and responsibility to determine the type of visa permitted and to prepare and submit the official visa applications or any other documentation required. I understand that any questions concerning the internationals' visa status or authorized activities under immigration regulations will be referred to the ISSO. No changes in authorized activities may be made without prior approval by ISSO.

If accepted, the student will rotate through my home department and CUSOM core hospitals only. I will notify the Visiting Student Coordinator of the course arranged for the student prior to the student beginning the course.

Upon arrival at CUSOM, I will direct the international student to the ISSO to complete the international check-in process which includes providing the ISSO with the student's local address/phone number while participating in the CUSOM International Visiting Student Program. Local contact information will also be provided to the CUSOM Visiting Student Coordinator.

Colorado Immunization and VA HIPAA training - I understand that the student must comply and meet all Colorado Immunizations and complete the VA HIPAA training prior to beginning the elective. I understand I may have to assist the student with the respiratory tb mask fitting and will provide proof of fitting prior to the student beginning the elective.

Name of Sponsored Student: (please print name)

_____

Name of Medical School Student Attends:

_____

Location of Medical School: City: _____   Country:_____

CUSOM Sponsor (please print name): _____

CUSOM Sponsor Signature: _____ Date Signed: _____

CUSOM Dept: _____ Hospital Pager: _____

CUSOM or Hospital email address: _____

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:

	Y		N	
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.

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 (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 (<u>must be</u> 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.

☐ On acceptance an administrative tuition fee of $4,000.00 is due and you will be provided information on how to make that payment electronically.

Prior to submitting your application, please email completed application, including ALL required documents in the checklist above to SOM.VisitingStudents@CUSOMenver.edu.

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

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