



# APPLICATION FOR CLINICAL ELECTIVE / CLERKSHIP (United States Medical Students Only)

- ❖ Please mail all required components of the application packet directly to the department of your desired elective. For appropriate department addresses: <http://medschool.ucsf.edu/visitingstudents/departments>
- ❖ Each application must be accompanied by a **non-refundable** application processing fee of **\$150.00** for each four (4) week rotation. All checks must be in U.S. currency and payable to: **UC REGENTS**

**SECTION I: To be completed by student.** (Please type directly on the form; printed applications will not be accepted)  
I would like to apply for the elective(s) indicated in **Section IV** during the period:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yy mm dd yy

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
Last, First Middle Initial Street City, State Zip Code

\_\_\_\_\_ **Male**  **Female**   
E-mail address Telephone Number

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **S S N #:** \_\_\_\_\_  
mm dd yy City Country

**SECTION II: To be completed by Dean or authorized official of student's medical school.**

The student named above will be in his/her final year of medical school ; is in good standing ; will pay tuition at home school during the period indicated ; and is authorized to take this elective .

- ❖ Malpractice insurance (**min. \$1,000,000/incident, \$3,000,000/aggregate**) covers the student away from school.
- ❖ Personal health insurance **IS**  **IS NOT\***  in effect away from home school.
- ❖ At the conclusion of the clerkship, an evaluation **WILL**  **WILL NOT**  be required.
- ❖ The student **HAS**  completed the mandatory HIPAA certification (see section V, page 2)
- ❖ This student has completed the following core clerkships: (date completed)

Medicine \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_; Surgery \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_; Pediatrics \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Ob-Gyn \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_; Psychiatry \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_; Other \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**AUTHORIZED BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **AFFIX**  
**Name (print/type):** \_\_\_\_\_ **Title:** \_\_\_\_\_ **SCHOOL SEAL**  
**Name of School:** \_\_\_\_\_ **HERE**  
**Address:** \_\_\_\_\_ **Phone/Fax:** \_\_\_\_\_

\* **STUDENT HEALTH INSURANCE:** Visiting students without health coverage must obtain it within five (5) days of their arrival at UCSF from the Student Health Services office at Room MU-H005, (415) 476-1281.

**SECTION III: To be completed by UCSF personnel.**

ELECTIVES CONFIRMED <i>Course Number &amp; Title</i>	DATES	
	<i>From</i>	<i>To</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>REPORT TO:</b> _____	<b>PLACE:</b> _____	
<b>DATE / TIME:</b> _____	_____	



**SECTION IV: To be completed by student.**

Elective #	Elective Title	Dates: From	To
_____	_____	_____	_____
<b>Alternate Choices:</b> (You may enter at least four alternatives)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION V: Health Insurance Portability & Accountability Act (HIPAA)**

I hereby certify that I have completed HIPAA training at my home school or the web-based module provided by UCSF (<http://hipaa.ucsf.edu/education/student/default.html>) HIPAA 101 Training.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION VI: Application Checklist**

- ❖ Please mail all required information under one cover directly to the department of your desired elective(s).
- ❖ Department mailing addresses can be found (<http://medschool.ucsf.edu/visitingstudents/departments>).
- ❖ All forms must be original and properly documented; faxes are not accepted. Incomplete applications will be returned.
- ❖ **Remember** – Although UCSF uses a standard application form, the application process is not centralized. You cannot apply to take electives from different departments on the same application form. **You must complete a separate application packet for each department in which you plan to take an elective.**
  - UCSF application form approved by the Dean of your school (Section II);
  - 2”x 2” passport-sized photograph, for identification purposes;
  - Alternative dates and electives (Section IV);
  - UCSF Health Certification Statement;
  - HIPAA training (Section V, signature is required);
  - Check or money order payable to UC REGENTS for \$150.00 per four (4) week elective; Must be in U.S. currency and drawn on a U.S. bank, no exceptions.
  - Any letters of support required by the department where you are apply to take this elective; See special department requirements at (<http://medschool.ucsf.edu/visitingstudents>)
  - Bring a copy of your school’s clerkship evaluation form and give to the department coordinator;
  - You will need to purchase a UCSF Identification Badge from the campus security office for \$35.00, please bring that with you during the first week.