

**UNIVERSITY OF MINNESOTA MEDICAL SCHOOL
MEDICAL SCHOLAR APPLICATION**

Complete this form and return to: Curriculum Affairs – MMC 293; University of Minnesota Medical School; 420 Delaware Street SE; Minneapolis, Minnesota 55455.

Section I. To be completed by applicant:

Student's Name _____
(last) (first) (middle) (medical school)

Mailing Address _____

Telephone No. (_____) _____ E-mail Address: _____

Please identify the course that you wish to take.

I would like to apply for _____
(course) (dates) (period)

NOTE: Dates/periods must conform to the University of Minnesota Medical School Years 3 & 4 Calendar.

I understand that an administrative charge of \$150 (U.S.) is required to reserve a place for each course. Payment is non-refundable and must accompany this application. In the event that the course is not available, your check will be returned. Please make check payable to the University of Minnesota Medical School.

I will be responsible for obtaining an evaluation from the course director and returning it to my parent school.

Student Signature _____

Section II. To be completed by official of school where student is enrolled.

This is to certify that _____ is in good academic standing at this institution and is authorized to take this elective at your campus. This student has completed rotations in Medicine, Surgery, Pediatrics, Obstetrics/Gynecology and Psychiatry before taking the above requested elective. This student is covered by malpractice insurance at our institution, and such coverage extends to off-campus electives. Personal health insurance coverage for the student is in effect away from our school.

(signature of school official) (name of school)

(please print school official name) (mailing address)

(telephone number)

SCHOOL SEAL

Section III. To be completed by University of Minnesota Curriculum Affairs Office.

1. This application is confirmed for the course _____ dates _____ period _____

2. The instructor responsible for the student's evaluation and to whom the student should report is:

Name: _____ Phone (612) _____

Room No.: _____

(Signature of Associate Dean for Curriculum Affairs) (date)

Original - UM Medical School

Canary - UM Department

Pink - Student

Goldenrod - Parent School
(Please retain)

**COURSE AVAILABILITY IS LOCATED ON THE INTERNET
<http://www.meded.umn.edu> (Years. 3 & 4 Course availability)**

University of Minnesota Medical School
Curriculum Affairs - MMC 293
Rm B628 Mayo
420 Delaware St. SE
Minneapolis, MN 55455
(612) 625-4692
Fax (612) 626-4200

**APPLICATION PROCEDURE FOR VISITING STUDENTS
FROM U.S. MEDICAL SCHOOLS**

- University of Minnesota students have priority in registering for electives.
- Selected clinical elective courses are available for visiting medical students from U.S. medical schools.
- Applicants must have completed their core clerkship training (MED, SURG, OB/GYN, PED and PSYCH).
- Visiting students are limited to a maximum of two courses, not to exceed a total of 12 weeks.
- **All requests for course work must conform to the Years 3 and 4 established courses and to the published calendar without exception. If you request an elective or program that does not fit the calendar, your application will not be processed. PAY CLOSE ATTENTION TO CANCEL/ADD DEADLINES INDICATED ON THE CALENDAR.**

PROCEDURE

- Step 1 Verify what course in the area of your interest is potentially available during the time you wish to take an elective at the University of Minnesota by accessing this information on the Internet at (<http://www.meded.umn.edu>). You must begin your work on the start dates of the periods as shown on the Years 3 & 4 calendar. Electives in some courses are scheduled in 3-week blocks; others may be on a 4-week or 6-week schedule.
- Step 2 Once you verify availability of the course, to reserve a place send a check for \$150.00 **for each course** payable to the University of Minnesota Medical School along with the completed Medical Scholar application form. Your reservation will be verified as soon as the University of Minnesota students are registered. You are responsible for malpractice insurance and health coverage, please attach a copy of your malpractice and health coverage.
- Step 3 If you find that a course may be available later, contact us again at the time suggested.

HOUSING

Temporary housing information can be obtained by calling (612) 624-2994 or writing to University Housing Services, Comstock Hall East, 210 Delaware St. SE, Minneapolis, MN 55455.

**UNIVERSITY OF MINNESOTA
MEDICAL SCHOOL, MINNEAPOLIS**

STATEMENT OF POLICY

ON VISITING MEDICAL STUDENTS

1. The University of Minnesota Medical School provides selected Year 3 and 4 clinical experiences for visiting medical students from other schools in the United States. Foreign medical students are not accepted unless formal arrangements have been made with the Associate Dean of Curriculum by a member of the University of Minnesota Medical School full-time faculty using the guidelines of the faculty-to-faculty program administered by the Curriculum Affairs Office. Visiting students must register as medical scholars and pay the student services fee for any period in which they will take work. Registration and payment of fees is sent to the the Curriculum Affairs Office.
2. First priority for openings in all courses is reserved for University of Minnesota students.
3. Visiting students are limited to a maximum of two courses, not to exceed a total of 12 weeks. Visiting medical students may arrange for a maximum of two courses (not to exceed a total of 12 weeks) of clinical electives within the limits of availability. Visiting students, termed medical scholars for registration purposes, pay the University student services fee for this experience, to cover the use of University facilities, library and to provide outpatient (not inpatient) student health service coverage. Visiting students must provide verification that they carry their own health and accident insurance to cover any inpatient medical expenses they may incur. Visiting students taking course activities at this medical school do not have professional liability coverage from the University of Minnesota. Visiting students must provide evidence that they have professional liability coverage provided by their parent school.

September 28, 2000