

AWAY ELECTIVES/VSAS PROCEDURES

Dear Students:

Below are VSAS instructions for submitting away elective applications at other medical schools/teaching hospitals. The information provided seeks to help improve information flow, reduce paperwork, time, and clarify the requirements and procedures. **Please note that documents requested can only be sent to your assigned Temple email address.**

STEP 1: In January 2017, students should have received AAMC/VSAS email and login instructions. If a student has not received VSAS access please notify Ms. Ann F. Gallagher at gallagaf@temple.edu or telephone, 215-707-0697.

LKSOM issues 10 authorizations per student to apply for individual electives. The authorizations enable students to select preferences for dates, institutions or specialties. Students can request additional authorizations by contacting Ann F. Gallagher.

STEP 2: Students register an account on VSAS. Students complete the applicant profile and upload CV, photo, child abuse clearance, criminal background check, immunization report and other requested supplemental documents. Students select electives and submit applications to Host Institutions.

STEP 3: **LKSOM** verifies student applications; uploads transcript onto VSAS; and then once students have made payment applications are released to the Host Institutions.

Standard Documents:

i) **CV and photo**

It is the student's responsibility to upload their CV and photo onto VSAS.

ii) **Immunizations**

Students must submit Host Institution Immunization forms to Student Health for completion. The contact person at Student Health is Eileen Hyams-Kolick, RN at ehyams@temple.edu. Ms. Hyams-Kolick will email the completed Host Institution immunization report to the student to upload to VSAS. For clinical campus students at Geisinger and St. Luke's, please email ehyams@temple.edu the Host Institution Immunization form to Student Health for completion.

Important Note: Immunization records can only be uploaded once a student has applied to a Host institution.

iii) **Transcripts**

Students must complete a REQUEST, AUTHORIZATION AND CONSENT FOR RELEASE OF RECORDS AND WAIVER FORM and email/fax the form to Ms. Denise Green, Office of Student Records at dmg@temple.edu or Fax# 215-707-2940.

Ms. Green will forward the transcript to the student for review. If the transcript is accurate, the student will forward the transcript to Ann F. Gallagher, gallagaf@temple.edu and Ann will upload the transcript to VSAS. If the transcript is not accurate, contact Ms. Donna Johnson, djohnso1@temple.edu.

iv) **Criminal Background Check and Child Abuse Clearances**

Student will complete the attached REQUEST, AUTHORIZATION AND CONSENT FOR RELEASE OF RECORDS AND WAIVER FORM requesting Criminal Background Check, Child Abuse Clearances documents. The completed form is sent to Ms. Denise Green (dmg@temple.edu). Ms. Green will email the student the Criminal Background Check, Child Abuse Clearances documents and the student will be responsible for uploading these 2 documents to VSAS.

If the program requires a criminal background check that is within the past year and yours has expired, contact Jacquee Lukawski at jkl@temple.edu for assistance in getting a new authorization link sent to you from Certiphi.

v) **Letter of Good Standing**

If the program you are applying to requires a letter of good standing, please send this request to Ms. Denise Green (dmg@temple.edu). Ms. Green will send the letter to the student and the student will be responsible for uploading the letter of good standing to VSAS.

Other certifications:

i) **Drug Testing/10 Panel**

Students must contact Employee Health, Main Campus Tel: 215-204-2679 to make an appointment for testing. Employee Health will forward the test results to Ann F. Gallagher at gallagaf@temple.edu or fax 215-707-0075 for the test results to be uploaded onto VSAS.

ii) **Mask Fit Testing/OSHA**

Students were given a certificate at the completion of their mask fit testing. If you cannot locate the certificate, contact Kisha Grady, Department Coordinator, Environmental Health and Safety **at least one week** prior to the application deadline. The contact information is echeva@temple.edu or Tel: 215-707-7697. Include your TU ID number on the request.

iii) **HIPAA Training**

Students are required to complete HIPAA course instruction on an annual basis. To retrieve your certificate of completion, click on <http://training.wecomply.com/sign-in/temple.asp> and follow the prompts.

iv) **Medical Liability and Malpractice Insurance**

LKSOM will provide students with a copy of the Certificate of Liability Insurance. Send the name of the institution and the street address to Ann F. Gallagher at gallagaf@temple.edu

v) **Personal Health Insurance**

Students are expected to hold personal health insurance and to provide a copy of the front and back of their insurance card.

vi) **USMLE Step I Scores**

Students should submit the email received from USMLE stating their score. If the email is no longer available students must contact USMLE for the information.

vii) **FBI Fingerprinting**

If you have misplaced your fingerprint results, please contact Jacquee Lukawski at jkl@temple.edu. This process should have been completed in either your first or second year of medical school and the results are valid for five years.

viii) **Infection Control and Bloodborne Pathogens**

To retrieve a screen shot that shows you've completed these modules, log in to <https://tuhscomps.templehealth.org/>. If you need assistance, contact Jacquee Lukawski at jkl@temple.edu

ix) **BCLS**

If you cannot locate your BCLS card from the training completed during spring of 2nd year, please contact the National Institute of Emergency Care at niec@niec.org and let them know that you are a Temple medical student.

Non-VSAS Schools/hospitals not accepting applications through the VSAS system will have their application process and forms available on their websites. Submit the forms to Ann F. Gallagher at gallagaf@temple.edu

Students will receive VSAS generated emails on any action taken within their application. It is essential that students email addresses are accurate and monitored.

STEP 4: Student submits application and pays fees to Host Institution. Students are encouraged to print and save payment receipts:

\$35 application fee - for the first institution.

\$15 application fee - per institution thereafter.

Please note that some schools may have application fees which are payable directly to the Host Institution at the time of scheduling.

Students are encouraged to submit their applications on the first day a site becomes available. However, recognize that when the site goes live other applicants are also trying to submit and the site may crash due to high volume. Students should consider submitting later in the day/evening - but aim to submit on the day of.

Students have sole discretion in deciding which Host Institutions will have access to their documents. Students have to assign supplemental documents to Host Institutions.

STEP 5: Students receive elective offer from Host Institution. Students accept or decline offer.

STEP 6: Student evaluations are to be completed on One45.

STEP 7: LKSOM tracks student away electives, evaluations and grades.

We encourage students to make the away elective an opportunity to really impress the Host Institution in preparation for 4th year residency and interview applications especially if t's a potential residency site of interest.

Finally, please allow yourself enough lead-time to collect the required documents from the various departments.

Forward any questions or concerns to:

Ann F. Gallagher
3500 N. Broad Street, MERB 224
Philadelphia, PA 19140
215-707-0697
gallagaf@temple.edu

VSAS Help Resources
Tel: 202-478-9878
Email: vsas@aamc.org Website: www.aamc.org/vsas
Facebook: www.facebook.com/vsasinfo



Lewis Katz School of Medicine

Office of Medical Education
3500 North Broad Street
Philadelphia, PA 19140

REQUEST, AUTHORIZATION AND CONSENT FOR RELEASE OF RECORDS AND WAIVER

I, _____, intending to be legally bound, authorize the release of records pertaining to:

- ___ Criminal Background Checks
___ Child Abuse Clearances
___ Immunization, PPD, and/ or Titer Records
___ Unofficial Transcript
___ Official Transcript \$8.25/transcript

(http://www.temple.edu/registrar/alumnifamily/verification/transcripts/)

Other: _____

Sent to Lewis Katz School of Medicine with my consent and that are maintained by Temple University to be sent to ___ the student listed below _____ for the purpose of an educational rotation. I make this release and waiver understanding my right to prevent disclosure of information from my educational records under the United States Family Educational Rights and Privacy Act of 1974.

Printed Student Name _____
Student Signature TUID: _____
Email: _____
Cell Phone: _____
Graduating Class of: _____
Date of Request _____

FORM SHOULD BE RETURNED TO:

Office of Student Records
3500 North Broad Street, MERB Room 328
Philadelphia, PA 19140
Fax 215.707.2940
Tel 215.707.2079
Email dmg@temple .edu (transcripts, background checks, child abuse clearances)
Email ehvams@temple .edu (immunization, PPD and/or Titer Records only)

FOR OFFICE USE ONLY:
Received by: _____ Date: _____