



**TEMPLE UNIVERSITY SCHOOL OF MEDICINE
INSTRUCTIONS AND CHECKLIST FOR VISITING STUDENTS**

**Please Use This Checklist To Ensure That Your Application Will Be Complete.
Only Complete Applications Will Be Reviewed.**

TO BE ELIGIBLE STUDENTS MUST:

1. Currently be in good standing at an LCME or AOA accredited medical school, or at a medical school having a formal affiliation with Temple University School of Medicine.
2. At the time of the elective, be in the fourth year of medical school, or in the curricular year which presupposes completion of all core clinical clerkships.
3. Submit verification of completion of core clerkships in each of the following disciplines, indicating the number of weeks devoted to each: Family Medicine/Primary Care, General Internal Medicine, Obstetrics/Gynecology, Pediatrics, Psychiatry, and General Surgery. (see application).

ATTACH THE FOLLOWING DOCUMENTATION:

4. Proof of Medical liability/malpractice insurance coverage.
5. Proof of Personal health insurance coverage.
6. Proof that Immunizations (*please use Temple form*) are current and complete – titers are not necessary.
7. Blood borne/Airborne pathogens training has been completed during the current academic year.
8. Curriculum Vitae
9. Passport size photo – ***copy of passport for International Students.***

ATTACH THE FOLLOWING DOCUMENTATION IF APPLYING TO EMERGENCY MEDICINE:

10. Transcript (official)
11. USMLE Step 1 Score Report

YOU SHOULD KNOW:

- Visiting student applications will be accepted after March 1 for the following academic year.
- Visiting students may be approved for a maximum of two 4-week rotations.
- All documentation supporting the application must contain original signatures and the school seal. Photocopies/faxes will not be accepted.
- Temple does not provide housing. [Click here](#) for suggested housing options in our area.
- Parking is available for a fee. For more information, visit www.temple.edu/parking/hsc.html.

Mail complete application to:

**Temple University School of Medicine, Office of Academic Affiliations, 3500 N. Broad St., Suite 325,
Philadelphia, PA 19140**



Please complete the following form. You cannot save data typed into this form.
Please print your completed form and mail it to the address provided on checklist.

**TEMPLE UNIVERSITY SCHOOL OF MEDICINE
VISITING MEDICAL STUDENT APPLICATION FOR ELECTIVE ROTATION(S)**

SECTION I: TO BE COMPLETED BY APPLICANT

PERSONAL INFORMATION

Name First Last Male Female Phone

Address

Email Address Birth Date
Mo Day Year

Alternate Email Address Graduation Date
Mo Day Year

INSTITUTIONAL INFORMATION

Name of Medical School

Address of Medical School

Country Phone Fax

Web Address

ACADEMIC INFORMATION

I wish to apply for one or two rotation(s).

Courses in order of preference are:

1) Course ID#

2) Course ID#

3) Course ID#

In order of preference, I wish to be scheduled for Temple Blocks or ; I am available only:

From Mo Day Year Through Mo Day Year

Signature _____ Date _____



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**TEMPLE UNIVERSITY SCHOOL OF MEDICINE
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Name of Applicant:

First

Last

SECTION II: TO BE COMPLETED BY DEAN'S OFFICE OF APPLICANT'S SCHOOL:

Please check the appropriate responses to certify that student:

INSTITUTIONAL VERIFICATION

- 1. Has completed the core clerkships listed below.
- 2. Is in good standing at this institution.
- 3. Has permission to take the above listed course (s) for elective credit.
- 4. Has malpractice insurance that will cover them while at TUSM.
- 5. Has personal health insurance that will cover them while at TUSM.
- 6. Has completed blood borne and airborne pathogens training during the last 12 months.
- 7. Has successfully passed a criminal background check within the the last 12 months.

Family Practice wks

Internal Medicine wks

OB/Gyn wks

Pediatrics wks

General Surgery wks

Psychiatry wks

Other _____

OFFICIAL SIGNATURE AND SEAL

Name of Dean _____ Title _____
(Or Dean's Office Representative)

Signature _____ Date _____

Seal
(Must cover signature)

Email _____

Phone _____