

BOSTON UNIVERSITY SCHOOL OF MEDICINE

ELECTIVE INFORMATION FOR NON-BUSM STUDENTS

Students from Canadian medical schools or osteopathic schools in the United States, Puerto Rico or Canada

PLEASE NOTE: STUDENTS ENROLLED IN FOREIGN MEDICAL SCHOOLS ARE NOT ELIGIBLE TO APPLY FOR ELECTIVES AT BOSTON UNIVERSITY SCHOOL OF MEDICINE

Students who are in good standing and enrolled in their final year at a Canadian medical school or an osteopathic school in the United States, Puerto Rico or Canada are eligible to apply for fourth year electives at Boston University School of Medicine.

In order that our own students be given priority in elective assignments it is our policy not to accept visiting students until our own students' schedules have been finalized. Our office will begin accepting applications from outside students after May 9, 2011.

Please note **eight weeks** is the maximum elective time allowed for any outside student.

In order to be eligible for clinical electives the following information is required. Scheduling for electives will not take place until **all** the following documents have been received.

1. A completed application for each four week elective (student should complete section 1 of the application and your dean or designated school representative must complete section 2)
2. **Non-refundable** application fee of \$75.00 per elective (payable in U.S. dollars drawn on a U.S. bank) Please make check payable to: Boston University
3. Dean's Letter of Good Standing
4. Verification student has completed a criminal background check (must be within 12 months prior to elective start date)
5. Official Transcript
6. Verification of health insurance coverage (photocopy of membership card required)
7. Copy of Certificate of Malpractice/Liability insurance coverage provided through your home institution (**please note: minimum coverage must be 3 million dollars per occurrence/3 million dollars aggregate**)
8. Verification student has completed OSHA training within 12 months prior to elective start date
9. Verification of current BLS or ACLS certification.
10. Verification student has completed a mask fit test.
11. Verification of HIPAA training
12. Immunization Record Form (Student must use Boston University Immunization Form)

The documents listed above must be received by our office in one complete packet.

Please mail to: Office of the Registrar
 Boston University School of Medicine
 72 E. Concord St., Room A414
 Boston, MA 02118

Acceptance for electives is made on a space available basis. Students will be contacted by mail regarding scheduling availability.

In the event that any changes in your schedule make it necessary for you to withdraw from an elective at Boston University School of Medicine for which you have confirmed acceptance, please notify the Office of the Registrar as soon as possible and at least four weeks before the beginning date of the elective.

Office of the Registrar
 Boston University School of Medicine
 72 E. Concord St., A414
 Boston, Massachusetts 02118
 (617) 638-4160

<input type="checkbox"/> Application	<input type="checkbox"/> Immunization Record
<input type="checkbox"/> Fee	<input type="checkbox"/> Health Insurance
<input type="checkbox"/> Transcript	<input type="checkbox"/> Malpractice Insurance
<input type="checkbox"/> Letter	<input type="checkbox"/> Criminal Background Check

Section 1 (to be completed by student)

Name: _____ email address: _____
 Address: _____ Telephone: _____
 City, State, Zip Code _____
 1st Choice Elective Number _____ Elective Name _____
 2nd Choice Elective Number _____ Elective Name _____
 BU Elective Dates 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Section 2 (to be completed by Dean of Students or comparable official where student is enrolled)

Yes No The medical student named above has successfully completed all third year clerkships and is a fourth year student in good academic standing at this institution.
 Student's expected date of graduation. _____
 Yes No He/She will pay tuition at our school during the period indicated.
 Yes No Malpractice/liability insurance covers the student away from our school while taking approved work. Minimum coverage: 3 million per occurrence/3 million aggregate (copy of policy information must be attached)
 Yes No He/She has completed a criminal background check within the past 12 months. Date: _____
 Yes No He/She has completed a mask fit test.
 Yes No He/She is covered by student health insurance. (attach a copy of insurance card)
 Yes No Student has taken and passed USMLE Step 1.
 Yes No He/She has completed OSHA training. DATE: _____ (must be within 12 months prior to the start of the elective)
 Yes No He/She has completed HIPAA training. DATE: _____
 Yes No At the conclusion of the course an evaluation report is required.

Signature _____ Name _____
 Title _____ School Name _____
 Address _____ Date _____



Section 3 (action by department at Boston University School of Medicine)

Student has been accepted into the above clerkship. Please report to

_____ on _____ at _____
 Name of Supervisor Inclusive Dates Hospital, Rm. Number, etc.

Signed: _____
 Elective Supervisor or designate

Student has not been accepted.

This application is accepted and confirmed.

 Office of the Registrar

Section 4 (To be completed by student and returned to the Office of the Registrar, Boston University School of Medicine after student is accepted for the elective.)

I wish to confirm my intention of participating in this elective and reporting as noted on the date and to the person indicated above.

Signature: _____ Date: _____

PLEASE CONFIRM NO LATER THAN 30 DAYS PRIOR TO THE STARTING DATE OF THE ELECTIVE

FOURTH YEAR BLOCK DATES FOR 2011-2012

Dates	Block
7/4/11-7/31/11	10
8/1/11-8/28/11	11
8/29/11-9/25/11	12
9/26/11-10/23/11	13
10/24/11-11/20/11	14
11/21/11-12/18/11	15
12/19/11-1/22/12	16
1/23/12-2/19/12	17
2/20/12-3/18/12	18
3/26/12-4/15/12	19
4/16/12-5/13/12	20