APPLICATION CHECKLIST

All items listed below MUST BE INCLUDED IN THE INITIAL APPLICATION PACKET. Any items missing from the checklist make the application incomplete. It will be returned to the home institution.

TO RECEIVE AN APPLICATION PACKET, STUDENTS MUST

- COMPLETE THE REQUEST ON LINE
- PAY THE NON-REFUNDABLE APPLICATION FEE OF $25.00
- MATERIALS SENT VIA EMAIL.
- NON-PAYMENT RESULTS IN NOT RECEIVING THE OFFICIAL APPLICATION DOCUMENTS

A COMPLETE APPLICATION INCLUDES ALL OF THE FOLLOWING ITEMS:

OFFICIAL APPLICATION
- All required school information completed in Section II (must include dates of required training)
- School officials signature and school seal affixed to application

LETTER OF GOOD STANDING:
- Must be a fourth year medical student in “good standing” (ANTICIPATED GRADUATION DATE OF 2015) at the time of the elective and be taking the elective for credit at the student’s home institution.

VERIFICATION OF HIPPA/STANDARD PRECAUTIONS AND CRP:
- Verifications of training, as well as dates of training are required for HIPPA, Standard Precautions and CPR

PROOF OF HEALTH INSURANCE COVERAGE:
- Provide documented proof of personal health insurance coverage (PHOTOCOPY OF HEALTH CARD).

PROOF OF MALPRACTICE/LIABILITY COVERAGE:
- Minimum requirement is $1M per occurrence/$3M in aggregate. Acceptable proof is either a certificate of insurance or a statement by your institution in their letter of good standing.

IMMUNIZATION RECORD:
- All immunizations must be listed on provided immunization form. Any missing information will result in the return of the application packet as incomplete. PLEASE NOTE: INDICATION OF POLIO STATUS AND PPD RESULTS WITHIN THE PAST YEAR ARE REQUIRED.

CRIMINAL BACKGROUND CHECKS
- Pennsylvania Act 33 Child Abuse Clearance
- Pennsylvania Act 34 Criminal Background Check
- FBI Act 73 Fingerprint Clearance

If you have any questions, please review the FREQUENTLY ASKED QUESTIONS section.