PLEASE NOTE: If you are a visiting students interested in participating in an Internal Medicine elective experience at UPMC Mercy, you must contact Elaine Kohut email: kohute@upmc.edu 412-232-8034 to discuss the application process.

VISITING NORTH AMERICAN APPLICANT INFORMATION
(LCME ACCREDITED AND OSTEOPATHIC SCHOOL APPLICANTS)
QUESTIONS AND/OR CONCERNS:

EMAIL: schedulingrecords@medschool.pitt.edu

MANDATORY
CRIMINAL BACKGROUND CHECK RESULTS

all students regardless of home state

Allow ample time to receive your documentation as this process can take a minimum of four (4) weeks to complete. Your applications will not be complete without the clearances

SUBMIT ACTUAL RESULTS OF BACKGROUND CHECKS

COPIES OF APPLICATIONS ARE NOT ACCEPTABLE

THIRD PARTY BACKGROUND CHECKS ARE NOT ACCEPTABLE

BACKGROUND CHECK WEBSITES LISTED BELOW

CRIMINAL BACKGROUND CHECKS
LISTED BELOW within one (1) year for the date of the actual elective.
(MUST BE INCLUDED IN APPLICATION PACKET)

PENNSYLVANIA STATE CRIMINAL BACKGROUND CHECK/ACT 34
http://www.portal.state.pa.us/portal/server.pt?open=512&objID=4451&PageID=458621&mode=2
($10.00 FEE)
Form may be completed online
Must provide actual report (application is not acceptable proof)

PENNSYLVANIA STATE CHILD ABUSE CLEARANCE/ACT 33
http://www.dpw.state.pa.us/findaform/childabusehistoryclearanceforms/index.htm

Follow directions on the site
($10.00 FEE)
Students should check the CHILD CARE box on the Purpose of Clearance section.
MAIL FORM TO THE ADDRESS AT THE TOP OF THE FORM
Must have actual report (application is not acceptable proof of clearance)
BACKGROUND CHECK WEBSITES CONT’D

FBI FINGERPRINTING CLEARANCE/ACT 73
http://www.pa.cogentid.com/index.htm
SELECT: DEPARTMENT OF PUBLIC WELFARE
Fee: $27.50

THE COGENT ID SERVICE IS PROVIDED IN THE STATES OF:

PENNSYLVANIA, GEORGIA, ALABAMA, FLORIDA, ARKANSAS AND MICHIGAN
For those students attending medical schools in this state
YOU MUST PROVIDE THE ACTUAL RESULTS OF THE FBI ACT 73 BACKGROUND CLEARANCE.

Access the Cogent site to begin the process: https://www.cogentid.com/index.htm

STUDENTS ATTENDING MEDICAL SCHOOLS OTHER THAN THOSE LISTED
ABOVE

Due to the fact that you are not able to have your fingerprints processed prior to your arrival in Pennsylvania you are required to follow the procedure below:

IF
THE REQUESTED ELECTIVE IS 90 DAYS FROM RECEIPT OF APPLICATION
Register online
Registration is valid for 90 days
Required to provide proof of registration in your application packet.

IF
THE REQUESTED ELECTIVE IS LONGER THAN 90 DAYS FROM RECEIPT OF APPLICATION
Except for the Department of Anesthesiology (*see note)
Provide proof of receipt of payment directly to the department either 90 days prior or on the first day of the rotation.
You will be required to have your fingerprints taken at the cogent site at
UPS Store #5971, 3945 Forbes Avenue
prior to reporting to the Student Affairs Office for your ID.**
You will be required to provide actual proof that the process was completed.
The Department will notify our office if proof of payment has not been presented and you will not be permitted to begin the elective.

(Please note: If you are applying to a Pediatric Elective you must forward the clearances to Marlynn Haigh as well)

*Students applying for Anesthesiology electives must include the FBI Act 73 in their initial application packet. Applications will be considered incomplete until this document is received.

**The UPMC ID center processed visiting student ID’s on TUESDAY - FRIDAY. You may report to the SA office on Monday to register but you will not be able to have your ID processed that day.
Requests for application packets begin in February for the academic year that starts in May. Completed applications (see checklist) must be received by the UPSOM no later than two (2) months prior to the start of the elective.

- MUST BE IN THEIR FINAL YEAR OF MEDICAL EDUCATION
- Taking our elective FOR CREDIT AT THEIR HOME INSTITUTION.
- Electives are offered in periods of 4 weeks only.
- Eligible to apply for three (3) separate electives at this institution. PLEASE NOTE: You are able to list your first and second choice on one application for one elective.
- Your institution must verify that the required prerequisites for your elective at UPSOM have been completed prior to your acceptance for an elective.
- Requests for applications are ONLY process through the visiting student website. NO TELEPHONE OR EMAIL REQUESTS WILL BE ACCEPTED.
- Arrangements made with specific faculty outside of this process are not considered OFFICIAL ELECTIVE requests. All applications must be solicited from the visiting student website and verified by the Office of Student Affairs.
- A NON-REFUNDABLE application fee of $25.00 per application will be assessed during the application request process.
- In order to receive the application materials via email YOU MUST PAY THE NON-REFUNDABLE APPLICATION FEE at the end of the request process. The fee is accepted by secure credit card payment only.

MAIL ALL COMPLETE APPLICATION PACKETS TO
Office of Student Affairs (OSA)
University of Pittsburgh School of Medicine
3550 Terrace Street, S 532 Scaife Hall
Pittsburgh PA 15261
ATTN: Visiting Student Coordinator
INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE HOME INSTITUTION

The OSA verifies CREDENTIALS ONLY. Complete application packets are forwarded to departments for consideration. EACH DEPARTMENT WILL NOTIFY STUDENTS IF THEIR REQUEST FOR AN APPLICATION CAN BE ACCOMMODATED. Departments may accommodate out-of-sync date requests on an individual basis. These requests should be made directly to the department.

CANCELLATION OF AN ELECTIVE: If you are unable to participate in an assigned elective, a courtesy of an email or phone call TO THE DEPARTMENT is requested at least four (4) weeks prior to the start of the elective.

HOUSING is the responsibility of the visiting student. Check with your alumni office for possible contacts in the Pittsburgh area who may be willing to house a visiting student. Once you are accepted for an elective you can forward a request to Donna Hussar (dhusser@medschool.pitt.edu) who will send a generic email to the senior
class indicating you are seeking short-term housing. Sometimes our students are interested in subletting while they are gone, the arrangements will be made between you and our student.

UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE PERIODS FOR THE 2013-14 ACADEMIC YEAR

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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 2013) 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 CPR:
- 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.
**DEPARTMENTAL STUDENT COORDINATORS**

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>STUDENT COORDINATORS</th>
<th>EMAIL ADDRESS</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>Kathy Lee Foon</td>
<td><a href="mailto:leefoonka@anes.upmc.edu">leefoonka@anes.upmc.edu</a></td>
<td>(412) 692-4500</td>
</tr>
<tr>
<td>Cardiothoracic Surgery</td>
<td>Christine Casey</td>
<td><a href="mailto:caseycr@upmc.edu">caseycr@upmc.edu</a></td>
<td>(412) 648-6359</td>
</tr>
<tr>
<td>Critical Care Medicine</td>
<td>Catherine Tolliver</td>
<td><a href="mailto:tolliverc@upmc.edu">tolliverc@upmc.edu</a></td>
<td>(412) 647-3135</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Cindy McIntyre</td>
<td><a href="mailto:mcintyreca@upmc.edu">mcintyreca@upmc.edu</a></td>
<td>(412) 643-9900</td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>Barb Glaneman</td>
<td><a href="mailto:glanemanbj@upmc.edu">glanemanbj@upmc.edu</a></td>
<td>(412) 647-7053</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Mary Margaret Murtha</td>
<td><a href="mailto:murrhannam@upmc.edu">murrhannam@upmc.edu</a></td>
<td>(412) 637-3336</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Patti Zahnhausen</td>
<td><a href="mailto:zahnhausenpe@upmc.edu">zahnhausenpe@upmc.edu</a></td>
<td>(412) 383-2248</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>Theresa Cullens</td>
<td><a href="mailto:tcullens@pitt.edu">tcullens@pitt.edu</a></td>
<td>(412) 692-4943</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>Melissa Lukehart</td>
<td><a href="mailto:lukehartml@pitt.edu">lukehartml@pitt.edu</a></td>
<td>(412) 647-6777</td>
</tr>
<tr>
<td>Neurology</td>
<td>Samantha Essa</td>
<td><a href="mailto:essas@upmc.edu">essas@upmc.edu</a></td>
<td>(412) 624-1277</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
<td>Dee Dee Greenawalt</td>
<td><a href="mailto:dgreenawalt@mail.magee.edu">dgreenawalt@mail.magee.edu</a></td>
<td>(412) 641-1047</td>
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<tr>
<td>Ophthalmology</td>
<td>Mary Lindenfelder</td>
<td><a href="mailto:lindenfelderme@upmc.edu">lindenfelderme@upmc.edu</a></td>
<td>(412) 683-7551</td>
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<tr>
<td>Orthopaedic Surgery</td>
<td>Roberta Moenich</td>
<td><a href="mailto:moenichri@upmc.edu">moenichri@upmc.edu</a></td>
<td>(412) 605-3262</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>Jackie Lynch</td>
<td><a href="mailto:lynchj@upmc.edu">lynchj@upmc.edu</a></td>
<td>(412) 648-6304</td>
</tr>
<tr>
<td>Pathology</td>
<td>Chris Szalkuski</td>
<td><a href="mailto:szalkuskict@upmc.edu">szalkuskict@upmc.edu</a></td>
<td>(412) 648-1040</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Marlynn Haigh</td>
<td><a href="mailto:Marlynn.Haigh@chp.edu">Marlynn.Haigh@chp.edu</a></td>
<td>(412) 692-8260</td>
</tr>
<tr>
<td>Physical Medicine &amp; Rehab</td>
<td>Shannon Morrissey</td>
<td><a href="mailto:morrisseya@upmc.edu">morrisseya@upmc.edu</a></td>
<td>(412) 864-3721</td>
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<tr>
<td>Plastic Surgery</td>
<td>Michelle Gigliotti</td>
<td><a href="mailto:gigliottim@upmc.edu">gigliottim@upmc.edu</a></td>
<td>(412) 383-8082</td>
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<td>Psychiatry</td>
<td>Eileen McKenna</td>
<td><a href="mailto:mckennaem@upmc.edu">mckennaem@upmc.edu</a></td>
<td>(412) 246-6497</td>
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<tr>
<td>Radiation Oncology</td>
<td>Shannon Kroskie Smith</td>
<td><a href="mailto:kroskiesmiths@upmc.edu">kroskiesmiths@upmc.edu</a></td>
<td>(412) 635-1043</td>
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<tr>
<td>Surgery</td>
<td>Kathy Haupt</td>
<td><a href="mailto:hautkg@upmc.edu">hautkg@upmc.edu</a></td>
<td>(412) 647-5314</td>
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<tr>
<td>Urology</td>
<td>Terri Peitz</td>
<td><a href="mailto:peitzl@upmc.edu">peitzl@upmc.edu</a></td>
<td>(412) 692-4091</td>
</tr>
</tbody>
</table>

**SUPPLEMENTAL REQUIREMENTS**

This items should be sent directly to the department as per the specific departmental information below.

**Anesthesiology:** Academic Transcripts, USMLE Step 1 Board Scores. Faculty letter and statement from the student, stating why they want to do an elective in anesthesia at Pitt. **Mail to:** Ms. KATHY LEE FOON, Elective Coordinator, Department of Anesthesiology, 3471 Fifth Avenue, 910 Kaufmann Building, Pittsburgh, PA 15213

**Dermatology:** Resume or CV. Mail to: **MS. CINDY MCINTYRE, Elective Coordinator, Department of Dermatology, Biomedical Science Tower, Suite W1041, 3501 Fifth Avenue, Pittsburgh PA 15260**

**Internal Medicine:** Faculty letter of recommendation. Mail to: **MS. THERESA CULLENS, Elective Coordinator, Department of Internal Medicine, 3459 Fifth Avenue, Room N 713 MUH, Pittsburgh PA 15213**

**Neurological Surgery:** Resume or CV & two (2) letters of recommendation from faculty. **Mail to:** MS. MELISSA LUKEHART, Elective Coordinator, Department of Neurological Surgery, 200 Lothrop Street, Suite B461, Pittsburgh, PA 15213

**Pediatrics:** PLEASE NOTE: These supplemental documents ONLY apply to elective requests specifically in the Pediatric Dept (PEDS XXXX course numbers) Copy of students transcript up to current third year grades; statement from student noting the number of times the USMLE step 1 exam was taken and a copy of scores. **Mail to:** MS. MARLYNN HAIGH, Elective Coordinator, Department of Pediatrics, One Children’s Place, 4401 Penn Avenue, 3rd Floor Faculty Pavilion, Pittsburgh PA 15224 or email: Marlynn.Haigh@chp.edu. Contact Ms. Haigh directly regarding Children's Background Check policies.

**Surgery Acting Internship:** CV, Unofficial transcript, USMLE scores and letter from surgery clerkship director attesting to your performance during the surgery clerkship. Materials must be submitted prior to the evaluation of the application. **MAIL TO:** Giselle G. Hamad, MD, Associate Professor of Surgery, c/o Kathy Haupt, PO Box 7533, Room F675 PUH, Pittsburgh PA 15213.