

CLINICAL ELECTIVE APPLICATION – ROSS UNIVERSITY

EFFECTIVE: AUGUST 18, 2010

Application Process:

Clinical electives are available to Ross University students in their final year of medical school. A completed application must be forwarded to the Department of Medical Education. Please indicate on the application the preferred electives and dates available. Our rotations are two or four weeks in length depending on the specialty. **All clinical electives MUST be requested no less than 30 days in advance.**

ELECTIVE REQUIREMENTS

All prerequisites must be met before you are approved for a rotation. This includes the completion of most of your core rotations. However, students are evaluated on a case by case basis depending on the number of available electives.

1. Certificate of Malpractice Insurance:

Most medical schools will provide a certificate of insurance. You will not be approved without documentation that you have malpractice insurance coverage for your rotation.

2. Health Requirements:

The Department of Medical Education requires students to provide proof of the following immunizations:

- Hepatitis B vaccination (the entire series – 3 shots) or proof of Hepatitis B immunity
- MMR vaccination (2)
- Polio vaccination (3)
- Diphtheria/Tetanus vaccination within the last 10 years
- Varicella (chicken pox) vaccination or date of disease
- Negative TB test within the last 12 months (if the skin test has been positive, a document treatment plan and negative chest x-ray is required)

3. Letter of Good Standing:

Please have your school forward a letter of good academic standing. An evaluation of your performance on the rotation will be forwarded to your school upon completion of the elective.

4. Documented evidence of Blood Borne Pathogen/Universal Precaution Training

5. Documented evidence of HIPAA training

6. Basic Life Support (BLS) certification (current) – online training is NOT acceptable

7. Step 1 Score Report

8. Background Check within the past 12 months

ADDITIONAL INFORMATION

Housing:

No housing is provided. Students are responsible for their own accommodations. However, the Department of Medical Education can provide you with the names of several housing options.

Meals:

Students are responsible for all of their meals.

Miscellaneous:

Students are expected to bring their own diagnostic equipment and textbooks.

Return completed application to:

Anthony Taylor
Medical Education Manager
Synergy Medical Education Alliance
1000 Houghton Avenue
Saginaw, MI 48602
Phone: (989) 583-6818
Fax: (989) 583-6892
E-mail: ataylor@synergymedical.org

Melissa Morse, Administrative Assistant – Phone: (989) 583-6821



Clinical Elective Application – Ross University School of Medicine

Name _____ Medical School _____

Address _____ Address _____

Phone _____ School Contact Person _____

Email _____ School Contact Person Phone _____

Date of Birth _____ Expected Date of Graduation _____

Are you currently rotating with Synergy Medical Education Alliance? Yes No

Gender Male Female

Elective requests:

1st Choice _____ to _____

2nd Choice _____ to _____

More than one elective, please see attached schedule grid.

Are you considering applying to one of our residencies? Yes No Unsure

If so, which residency program are you interested in? _____

Prior to the requested elective clerkship (s), I will have completed the following required clerkships:

Family Practice Surgery _____

Internal Medicine Ob/Gyn _____

Pediatrics Psychiatry _____

Have you passed USMLE Step 1 - OR - COMLEX Level 1? Yes No Score _____

Have you passed USMLE Step 2 Clinical Knowledge - OR - COMLEX Level 2? Yes No Score _____

Have you passed USMLE Step 2 Clinical Skills Exam? Yes No Score _____

Are you currently authorized to be in and study in the United States? Yes No

If not a U.S. citizen or permanent resident, what is the visa status that permits you to live and study in the United States? _____ (attach a copy of visa to application)

Have you completed the following required HIPAA educational requirements?

Yes No Unknown Completed required HIPAA General Orientation
Date last completed _____

Have you completed the following required training within 12 month period preceding requested elective(s)?

Yes No Unknown Universal Precautions Date last completed _____
 Yes No Unknown Blood Borne Pathogens Date last completed _____