



Name (please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

The following requirements are MANDATORY and must be received at least six weeks prior to start of course.

- Background Check form
- Proof of BCLS or ACLS current certification
- HIPAA training
- AAMC Immunization form
- Consent and Release Form
- Third-year core course evaluation with narrative comments
- Official transcript
- Confirmation of Medical Malpractice insurance – Student must be covered by general/professional liability insurance in the amounts of \$1 million per claim and \$3 million aggregate during this elective. A copy of the current certificate indicating policy amount or a letter from your school indicating policy amount must accompany this application.
- Provide a photo for ID badge.

B.

Is in good academic standing at home institution	Y	N
Will be in his/her final year of study before beginning this rotation	Y	N
Will receive academic credit from home institution and pay tuition at Home school during the period indicated	Y	N
Will be covered by home school student health insurance (if not, Student must provide proof of insurance)	Y	N
Has been trained in Universal Precautions in working with Contagious patients	Y	N
Has passed USMLE Step 1/COMLEX	Y	N
Will have successfully completed the home school required third Year Core clerkship prior to participating in SSOM elective	Y	N
If accepted has my approval as well as recommendation to participate In the elective requested	Y	N
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Medical Malpractice Coverage and Background Check requirements have separate forms that must be completed by a school official.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Official (Printed):

Officials Title: \_\_\_\_\_

Signature of Official:

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mail completed application and required documents to:

Teresa Hays  
Visiting Student Coordinator  
Medical Student Affairs  
University of South Dakota  
Sanford School of Medicine  
Lee Medicine Building, Ste. 101C  
414 E. Clark Street  
Vermillion, SD 57069-2390