



School of Medicine

Guest Student Application

For Elective Courses at
Wayne State University School of Medicine

Instructions

Part A of the Visiting Student Application for Elective Courses must be completed by the Dean or the senior administrative staff of the medical school in which the student is enrolled. Please note that this application will NOT be processed unless all materials are provided. This form must be submitted **at least three months prior to the starting date. We take students from September through May; we do not accept guest students in June, July, or August.** No student may apply for more than twelve weeks of elective time. Electives begin on the first day of the month (no exceptions) and the end of the last day of the month. All of our rotations are one month. You must be in the final year of your medical curriculum.

Students are not allowed to contact the Doctors or Departments

The following requirements are **mandatory** for application consideration:

- Proof of successfully completing **all** clinical rotations
- Updated immunization record
- Proof of Liability/Malpractice insurance (no traveler's insurance)
- Proof of passing USMLE STEP 1
- Official medical school transcript
- \$50 application fee (US citizen) \$75 application & processing fee (non US citizen)
Non-refundable
- Passport size photo

The School of Medicine requires that all students working in hospitals must have documentation of current TB status and Hepatitis B. We include the details of the Visiting Student Health Form **WHICH MUST BE COMPLETED AND SIGNED BY A PHYSICIAN BEFORE THIS ELECTIVE APPLICATION WILL BE PROCESSED.**

It is the responsibility of each visiting foreign student to obtain a B1 study visa, as required by the US Department of immigration & Naturalization Service.

Students are personally responsible for any health cost incurred during the elective time spent at Wayne State University School of Medicine.

TO SEARCH FOR SENIOR ELECTIVES, GO TO: <http://classschedule.wayne.edu>. Switch term to med school for the current year, on left side click courses/subjects, scroll down and click Year 4 Medical School (MD4). Elective courses are listed.

For inquiries or to submit your application, contact:

April Mayweather, Guest Student Coordinator
313.577.1470 Phone
313.577.3434 Fax
amayweat@med.wayne.edu

Mrs. JaEsta Jones, Recorder
313.577.1470 Phone
313.577.3434 Fax
jejones@med.wayne.edu



Guest Student Application

For Elective Courses at
Wayne State University School of Medicine

School of Medicine

PART A

Name _____ Social Sec. # ____--____--____
(Last, First, Middle)

Mailing Address: _____

Telephone: _____ Email: _____ DOB: _____

Name of your medical school: _____

Date you expect to complete your degree: _____

Choice of Electives:

Specialty or area of interest desired, location	Dates desired:
1 st _____	_____ or _____
2 nd _____	_____ or _____
3 rd _____	_____ or _____

Student Signature Date

Certification of your status and recommendation from your dean (Part B on reverse) must be completed.

For each discipline listed below, please indicate any clerkship experiences in which you have had full-time responsibility for patient care in the hospital setting. Please also list any additional clerkships you expect to complete before the time you plan to arrive at Wayne State University School of Medicine. **Official Transcript required.**

Clerkship	# Weeks	Location	Dates
Medicine	_____	_____	_____
Pediatrics	_____	_____	_____
OB/GYN	_____	_____	_____
Psychiatry	_____	_____	_____
Other:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Guest Student Application

For Elective Courses at
Wayne State University School of Medicine

School of Medicine

PART B: To be completed by the Dean of Medical School

I confirm that _____ is a full-time medical student in good standing at this school and has permission to take an elective at the Wayne State School of Medicine. I hereby certify that this student will be in the final year of our program and will have at the time the elective is undertaken, sufficient clinical experience to competently examine patients. I furthermore confirm that the student can read, write, and speak English well enough to examine a patient and record the results in the patient's record.

This student has taken and passed USMLE, Step 1 Yes No

Date Taken: _____ Total Score: _____

This student will pay tuition at our school during the period indicated Yes No

Personal health coverage is in effect while this student is away from our school Yes No

Malpractice/professional liability insurance covers the student away from our school Yes No

Academic credit toward the M.D. degree will be awarded upon receipt of a passing grade Yes No

An evaluation of the student's performance will be required Yes No

Medical School: _____

Signature: _____

Date: _____

Typed Name

Title



Wayne State University School of Medicine Guest Student Health Form

School of Medicine

This form must be completed and signed by a physician and returned with your Visiting Student Application for Elective Courses. **Your application will NOT be processed unless this form is complete.**

MEASLES (Rubeola)

- 1. Disease confirmed by physician's records? Dates of illness _____
- 2. Immunity confirmed by blood titer? Date of test _____
- 3. Immunization with live attenuated virus? Date _____
(Given after 1969 on or after student's first birthday)

MEASLES (Rubella)

- 1. Immunity confirmed by blood titer? Date of test _____
- 2. Immunization with live attenuated virus? Date _____

TUBERCULIN TEST

- 1. Negative TB test within the last year? Date of test _____
- 2. Chest x-ray if skin test was positive or history of BCG vaccine or INH therapy? Date of test _____

HEPATITIS B

- Series of three doses required Date of shot one _____
- Date of shot two _____
- Date of shot three _____

VARICELLA (Chicken Pox)

Date of test _____

Name of student: _____

Physician's signature verifying immunizations

Typed name of physician

Office address

Date of signature

Please return this form to: Mrs. April Merriweather or Mrs. JaEsta Jones, Records & Registration Office, Wayne State University School of Medicine, 320 East Canfield, Suite 328, Detroit, MI 48210