

**Dean's Statement for
International Visiting Clerkship Application**
Stanford University School of Medicine
Office of Medical Student Affairs

Student Name: _____

Quarter Applying: _____

Name of Medical School: _____

1. This applicant is a currently registered senior year student in the M.D. program at the school listed above.
2. The student is approved to take an elective at Stanford University School of Medicine.
3. The student is expected to be covered by malpractice insurance for the duration of their clerkship(s) at Stanford.
Per Occurrence minimum requirement is \$1,000,000
Aggregate minimum requirement is \$3,000,000

Circle Yes or No

4. *Yes/No* Student has been trained on Bloodborne Pathogens.
5. *Yes/No* Student has passed Step 1 of the US Medical Licensing Examination (USMLE)
6. *Yes/No* Student will have completed the core clerkships in **Medicine, Pediatrics, and Surgery** by the time of the elective.
7. Circle any other core clerkships the student will have completed by the time of the elective:

Ambulatory Medicine | Critical Care | Family Medicine | Neurology | Ob/Gyn | Psychiatry

With my signature below, I certify that the above statements are true and correct to the best of my knowledge.

Signature: _____

(Dean of student's home school)

Title: _____

Date: _____

Important: Please affix or stamp school seal here →