

**Dean's Statement for
Visiting Senior Elective 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. or D.O. degree program at the school listed above, which is accredited by the Liaison Committee on Medical Education or Education Department of the American Osteopathic Association.
2. The student is approved to take an elective at Stanford University School of Medicine that may include clinical rotations at Stanford Hospital, LPCH, KSC and SCVMC.
3. The student is covered by malpractice insurance by the school above.
Indicate the limits of the coverage:
\$ _____ Per Occurrence (minimum requirement is \$1,000,000)
\$ _____ Aggregate (minimum requirement is \$3,000,000)
4. *Yes/No* Students has been trained on Bloodborne Pathogens.
5. *Yes/No* Student has been trained on patient privacy and data security, understands the requirements of HIPAA, and has had no compliance issues with such rules.
6. *Yes/No* Student has passed USMLE Step 1 or COMLEX Level 1.
7. *Yes/No* Student will have completed the core clerkships in **Medicine, Pediatrics, and Surgery** by the time of the elective.
8. Circle any other core clerkships the student will have completed by the time of the elective:

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

Note: The student is responsible for delivering evaluation forms directly to the clerkship coordinator or director. If a confirmation of the scheduled elective is required by the home school, please send the form along with the application. It will be returned when scheduling is complete.

Signature: _____
(Dean of student's home school)

Title: _____

Date: _____

Important: Please affix or stamp school seal here ---->