

## Visiting Student Elective Clerkship Application Dean's Statement

**Student Name:**

**Quarter Applying:**

**Home School:**

Yes      No      The student is participating in an MD or DO degree program accredited by the Liaison Committee on Medical Education or Education Department of the American Osteopathic Association, is in good academic standing, and, at the time of the elective clerkship, will be registered in their final year.

Yes      No      The student is approved to take an elective clerkship at Stanford University School of Medicine which may include clinical rotations at Stanford Hospital, Lucile Packard Children's Hospital, Palo Alto Veterans Administration Hospital, Kaiser Permanente Medical Center, or Santa Clara Valley Medical Center.

Yes      No      The student will be covered by professional malpractice/liability insurance from their home school during the elective clerkship, including:

\$\_\_\_\_\_ per occurrence (minimum \$1,000,000 required)

\$\_\_\_\_\_ aggregate (minimum \$3,000,000 required)

Yes      N/A      If the professional malpractice/liability insurance minimum is less than \$1M per occurrence and/or less than \$3M in aggregate (attach a copy of the certificate of insurance), supplemental professional malpractice insurance will be obtained to meet the Stanford University School of Medicine requirements.

Yes      No      The student will be covered by personal health care insurance during the time of the elective clerkship and will provide insurance policy details when accepting the scheduled clerkship.

Yes      No      The student has completed the following training:

Completion Date	Training
	Bloodborne pathogens within the past 12 months
	OSHA safety measures within the past 12 months
	Basic Life Support and/or Advanced Cardiac Life Support Certification within the past 2 years
	HIPAA, Data Security & Privacy within the past 12 months

- Yes No The student has passed a criminal background check within the past 2 years.
- Yes No The student will provide proof of immunizations and will be current on required tests at the time of the elective clerkship.

- Yes No The student has completed a mask fit test certification within the past year:

Completion Date	N95 Mask Type

- Yes No The student has passed USMLE Step 1 or COMLEX Level 1.

If no, provide scheduled exam date: \_\_\_\_\_

- Yes No The student will have completed the following core clerkships by the time of the elective clerkship (Medicine, Surgery, and Pediatrics must already be completed):

Core Clerkship	Completion Date	Core Clerkship	Completion Date
Medicine		Emergency Medicine	
Surgery		Family Medicine	
Pediatrics		Neurology	
Ambulatory Medicine		Ob/Gyn	
Critical Care		Psychiatry	

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

I certify that the student will have at the time the elective is undertaken, sufficient clinical experience to competently examine patients, take histories, document patient care, and participate as an equal to students at Stanford University School of Medicine. I further acknowledge the student is competent in their command of the English language to read, write, understand, and communicate, including using English medical terminology.

**Authorized Signature:**

**Date:**

(Dean/Registrar of student's home school)

**Printed Name:**

**Job Title:**

The visiting student applicant must upload this completed Dean's Statement Form when submitting their Visiting Student Elective Clerkship Application Form.