

STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER

Office of the Registrar
Basic Science Building 1-112, Box 98
450 Clarkson Avenue, Brooklyn, NY 11203
(718)270-4552 (ph) (718)270-7592 (fax)

International Visiting Medical Student Application

Note: This form, the Health Statement Form for Visiting Medical Students and the Letter of Eligibility or Long Term Clerkship Certificate must be printed, filled out and mailed with the appropriate non-refundable certified bank check(s)/money order(s) for \$175 to the address below. Completed applications must be received at least twelve weeks prior to the start of the elective. Late applications will not be processed.

PART A: (To be completed by the student applying for the elective)

Name: _____ Birth Date: _____
Last First

Address: _____
Street City Country

Phone: _____ E-mail: _____ ID/SSN#: _____
(include country code)

Medical School Presently Enrolled: _____ Year: _____

School Address: _____ Phone: _____

Have you ever applied to or attended Downstate School of Medicine? ___ Yes ___ No

ELECTIVE REQUESTED:

TITLE: _____ COURSE#: _____

DATES REQUESTED: 1st CHOICE _____ 2nd CHOICE _____

PART B: (To be completed by the Dean or designated official of the medical school where the student is presently enrolled)

Is this student in good academic standing? _____ YES _____ NO

Is this student approved to take this elective for credit? _____ YES _____ NO

Does malpractice insurance cover this student during rotation away from his/her school? (proof required) _____ YES _____ NO

Is the student's personal health insurance coverage in effect while away from his/her school? (proof required) _____ YES _____ NO

Has the student completed HIPAA training? (proof required) _____ YES _____ NO

At the end of the clerkship an evaluation form will be required (please see attached form) _____ YES _____ NO

An official transcript in a sealed envelope must accompany this application (attached) _____ YES _____ NO

Passport photo (attached) _____ YES _____ NO

Has this student passed Step 1 of either USMLE or COMPLEX? If yes, please circle which exam. Attach score report _____ YES _____ NO

Was "Letter of Eligibility" mailed with fee (\$30) to New York State? _____ YES _____ NO Date: _____

Check the Core Clerkships student will have completed at the time of the elective:

Medicine OB/GYN Psychiatry Surgery Pediatrics Neurology OTHER: _____

Name/Title of Official: _____ SCHOOL SEAL: _____

Signature: _____ Date: _____

PART C: (To be completed by Downstate Medical Center Department Chairperson or Elective Coordinator)

This visiting student's elective request: _____ Approved _____ Not Approved

Signature: _____ Date: _____

Student should report on first day of rotation to: _____

Preceptor: _____

Telephone Contact: _____ Date: _____ Time: _____

Please return completed form to: **SUNY Downstate Medical Center 450 Clarkson Avenue, Box# 98 Brooklyn, New York 11203**
Attn: Sandra Mingo

State University of New York Downstate Medical Center

Visiting Medical Students From International Medical Schools

Forms

International Visiting Student Application; Visiting Medical Student Health Form; Regulations and Letter of Eligibility

Eligibility

Students from other medical schools are not permitted to enroll in clerkships.

SUNY Downstate welcomes visiting medical students into the senior elective program. Students who will have completed their clinical clerkships by the starting date of the desired elective are eligible to apply. Applicants must be in good academic standing at their home school, must have their school's approval to participate in the desired elective and must have health and liability insurance coverage and be HIPAA certified.

General Information

All elective courses at SUNY Downstate and its affiliated institutions are part of the official curriculum of the College of Medicine. Qualified students from their medical schools may be accommodated in those elective spots that have not been filled by our students. Applicants are considered in the order their application is received; SUNY Downstate students are given first preference to all elective offered. Elective rotation dates must coincide with the scheduled dates of the SUNY Downstate Medical Center's elective periods.

- Visiting Student Application Forms are found on the web at sls.downstate.edu/registrar/visiting. They are no longer available in the hard copy. The INTERNATIONAL VISITING MEDICAL STUDENT APPLICATION must be completed in its entirety for each elective you wish to take. The application must bear the imprint of your school seal. A **non-refundable** fee of \$175 in the form of a money order in USA currency **only** must accompany the application.
- A current official transcript or detailed evaluation of courses completed must accompany the application.
- A completed health assessment form must be submitted.
- PROOF OF MALPRACTICE/LIABILITY AND PERSONAL HEALTH INSURANCE IS REQUIRED (SUNY Downstate Medical Center does not provide student health or liability coverage for visiting students)
- You must submit a passport photo.
- In addition to the above, the Visiting International Medical student must also complete an application for the "Letter of Eligibility" from the New York State Board for Medicine. This process should be initiated at least three months prior to the date you wish to take the elective. Approval to begin the elective at SUNY Downstate is contingent upon our receipt of an approved Letter of Eligibility from the New York State Board of Medicine. If your documents are in order, you are granted permission to take a maximum of 12 weeks (84 days) of electives in the State of New York. You must mail your NYS letter of eligibility at the same time as you mail your Visiting Student Application.
- All students accepted to attend our Institution are required to complete the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Education program. A User ID and the on-line website address will be forwarded to you along with your letter of acceptance. Completion of this requirement is mandatory.
- All students must attend OSHA training at Downstate Health Services.
- Course directors will not permit an International Visiting Medical Student to begin an elective until the department has received confirmation that the student has registered through the Office of the Registrar and has provided all requested documentation, including the "Letter of Eligibility" and all other forms have been received and satisfactorily completed.

FROM THE REGULATIONS OF THE COMMISSIONER OF EDUCATION THE STATE EDUCATION DEPARTMENT Evidence of Eligibility Students must present the teaching hospital short term "Letter of Eligibility." Penalty section 6526 provides that "any medical student who is performing a clinical clerkship similar function is a hospital and who is matriculated in a medical school which meets standards satisfactory to the department (State Education Department), provided such practice is limited to such clerkship or similar function in such hospital" may practice medicine without a license. As indicated above, the Commissioner's Regulations provide that only duly accredited medical schools and those which have been reviewed and approved by the Department for the purpose of placing students in clinical clerkships, meet standards satisfactory to the Department. Foreign medical students engaged in clerkships in this State without prior authorization or in a facility other than a teaching hospital are in violation of Education law.

- Visiting students MUST apply through the Office of the Registrar for ALL electives.
- Visiting students are not permitted to contact the course directors directly. ALL inquiries MUST go through the Office of the Registrar.
- Please review the provided material thoroughly and select an elective program carefully.

Office of the Registrar
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 98
Brooklyn, New York 11203
Telephone: (718)270-4552
E-mail: visitstudent@downstate.edu

Housing may be available in one of two residence hall facilities (811 New York Avenue and 825 New York Avenue).
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 115
Brooklyn, New York 11203
Telephone: (718) 270-1466
E-mail: residentiallife@downstate.edu

Student Health Services
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 33
Brooklyn, New York 11203
Telephone: (718) 270-1995
E-mail: studenthealth@downstate.edu

Notification of approval or denial:

Students will be notified of approval or denial at least 4 weeks prior to the start date of the elective. Students who withdraw his or her application less than 2 weeks prior to the start of the elective will get a letter of complaint sent to his/her medical school to be placed in their academic file.

Arrival on the first day:

All visiting students must report to the Office of the Registrar the Friday before the first day of their elective to register. Health clearance MUST be completed in order for the student to be permitted to register. Students will receive a letter to obtain a Downstate I.D. card and visiting student privileges to the library. The department will NOT receive a student who has not registered through the Office of the Registrar.

APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL COMPLETE COMPONENT PARTS HAVE BEEN RECEIVED. PLEASE NOTE THE APPLICATION DEADLINES.

*****DEADLINES: There are NO exceptions to these deadlines. Once scheduled, changes are NOT permitted for any reason. *****