



EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

Please Check the Program to which you are Applying

- | | |
|--|--|
| <input type="checkbox"/> MD | <input type="checkbox"/> Anesthesiology & Pt. Monitoring Systems |
| <input type="checkbox"/> Genetic Counseling | <input type="checkbox"/> Medical Imaging |
| <input type="checkbox"/> Ophthalmic Technology | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Physical Therapy | |

INTERNATIONAL VISITING STUDENT APPLICATION FORM

This form is for MD and Academic Health Students attending school outside the U.S. and Puerto Rico.

Read and follow each step carefully and see the checklist on page 3 of this application for further guidance. Incomplete or incorrect applications will not be considered. Please refer to the [VISITING STUDENT POLICY FOR ADDITIONAL INSTRUCTIONS](#).

A Non-Refundable application fee of **\$500.00** in the form of a check or money order, payable to Emory University School of Medicine must accompany this application. **(U.S. currency only - No International Checks)** International students who are accepted to an Emory Elective will be required to pay an additional **\$3,500.00** tuition fee per elective with a maximum of **two** electives. A student on a full tuition scholarship at their home school may request a waiver of the application fee by attaching a letter from his/her Dean confirming scholarship status.

Completed [Health Forms](#) must be mailing separately to: **Emory University Student Health Services, 1525 Clifton Road, Atlanta, GA 30322.** ALSO: Please include a copy in your application packet for the Electives Program Coordinator.

All copies of this application and required documentation must be mailed to: Michele Rutherford, Academic Electives Program Coordinator, Office of Clinical Education, Emory University School of Medicine, 49 Jesse Hill Jr. Drive, SE, Atlanta, GA 30303. Tel: 404-778-1371

Student Name: _____

Current School: _____ Anticipated Graduation Date: _____

Gender: Male Female Date of Birth: _____ Social Security #: _____

Place of Birth (City, State/Providence, Country): _____

Citizenship: _____

Passport Number: _____ Passport date of issue: _____ Expiration Date: _____

B-1 Visa Number: _____
(The Visa number is the 8-digit number in red located in the lower right-hand corner)

If Permanent Resident, Registration Number: _____

Permanent Address:

Street City State/Providence/Country Zip Code

Current Address:

Street City State Zip Code

Email Address: _____ Phone #: _____

Telephone number where you can be reached during your rotation: _____

Address during rotation (if available):

Street City State Zip Code

Are you of Hispanic, Latino or Spanish origin?

- Yes, Mexican, Mexican American, Chicano
Yes, Puerto Rican
Yes, Cuban
Yes, another Hispanic, Latino or Spanish Origin
No, not of Hispanic, Latino or Spanish origin

What is your race? Please select one or more categories from below that apply to you:

- American Indian/Alaskan Native
Native Hawaiian/Other Pacific Islander
African/American
Black
White
Asian
Not-Specified/Unknown

List the specific Emory Elective you are requesting, with 2 alternates:

Current rotation dates are listed on the Emory School of Medicine Visiting Student Web Page:

Please indicate if you are applying to take 1 or 2 electives: 1 elective 2 electives

Requested Elective: _____

Requested Dates: _____

Requested Elective: _____

Requested Dates: _____

Requested Elective: _____

Requested Dates: _____

By signing this, I am certifying to the best of my knowledge, the information contained in this application is accurate.

Signature Date

SIGNATURE OF DEAN

This certifies that _____ is a registered final year student in good standing at _____ School of Medicine meets all requirements and has permission to do an elective at Emory University School of Medicine. All documents and information contained in this application are accurate and this student is prepared to participate in the course of study designated above.

Academic Dean Signature Print Name Date



INTERNATIONAL VISITING STUDENT APPLICATION CHECKLIST

CHECKLIST OF ITEMS THAT MUST BE SUBMITTED AS PART OF YOUR APPLICATION: All students in school outside of the U.S. and Puerto Rico applying for a visiting elective must provide the following requirements in the English language.

Mail all application documents listed below to:

Emory University School of Medicine
Ms. Michele Rutherford, Academic Elective Program Coordinator
Office of Clinical Education
49 Jesse Hill Jr. Drive SE - Atlanta, GA 30303

- Completed and signed INTERNATIONAL VISITING STUDENT APPLICATION FORM
- Non-refundable \$500 application fee in U.S. CURRENCY (check or money order)
- A current official transcript from your school
- A letter from your Registrar or Dean stating that you are in good standing (this letter also needs to specify that you will be in your final year of study and will have completed and passed the required core clerkships in medicine, pediatrics, obstetrics/gynecology, surgery, and psychiatry, before the elective start date.)
- Documentation of the following (**Please complete the AAMC Standardized Immunization Form**):
 - Full hepatitis B vaccine series
 - Two doses of MMR (or proof of immunity)
 - Proof of Tuberculosis screening (interferon-gamma release assay blood test, PPD, chest x-ray)
 - Tetanus booster within the last ten years
 - Varicella status
 - Influenza vaccine
- Color Copy of the main pages of your passport showing, passport number, date of issue, expiration date, photo, date of birth and place of birth.
- 2 passport size/quality photographs
- Documentation of an international criminal background check through Emory's preferred background check provider: (must be included with application)
<http://www.advantagestudents.com>
<http://www.infomart-usa.com>
- If a student from a non-English speaking country, TOEFL iBT test (Test of English as a Foreign Language) results
- Proof of passing USMLE Step 1

NOTE: The following can be submitted upon an offer only if you do not already have documentation of these requirements:

- Color copy of students current B-1 Visa
- Proof of personal health coverage which provides coverage in the United States, and specifically in Georgia
- Proof of medical liability and/or malpractice insurance covered by your home school during the elective time (minimum of \$1 million per occurrence/\$3 million aggregate liability)
- All students requesting to take an elective that will be at Grady Hospital for all or part of the rotation is required to complete a drug screening test, in the United States through Advantage Students at least 30 days before the elective start date. <http://www.advantagestudents.com>