



# EMORY UNIVERSITY SCHOOL OF MEDICINE

**Please check the program you are applying to**

- Physician Assistant
- Physical Therapy
- Ophthalmic Technology
- Medical Imaging
- Anesthesiology & Pt. Monitoring Systems

## ACADEMIC HEALTH VISITING STUDENT APPLICATION FORM

This form is for Academic Health students attending school inside the US and Puerto Rico

Academic Health students in school outside the US and Puerto Rico must apply using the [The International Visiting Student Application](#). **Read and follow each step carefully and see the check-list 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](#).

**For Academic Health students within the US and Puerto Rico:** A completed clinical affiliation agreement between Emory University School of Medicine and the applicant's home institution is a requirement. Students are not permitted on a core rotation unless authorized by the related academic health program. A non-refundable application fee of \$100 in the form of a check or money order payable to Emory University School of Medicine must accompany this application. Students who are accepted to an Emory elective will be required to pay an additional \$260 tuition fee.

Completed [Health Forms](#) must be mailed separately to: **Emory University Student Health Services, 1525 Clifton Road, Atlanta, GA 30322.** Please include a copy with your application packet.

All applications and required documentation must be returned by mail to: **Mrs. 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/Province, Country): \_\_\_\_\_

Citizenship: \_\_\_\_\_

Passport # if non-us citizen \_\_\_\_\_

Specify type of visa if non-us citizen \_\_\_\_\_

If Permanent resident, registration # \_\_\_\_\_

Permanent address:

\_\_\_\_\_  
Street City State/Province/Country Zip Code

**Current mailing address:**

\_\_\_\_\_  
Street City State/Province/Country Zip Code

Email: \_\_\_\_\_ 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?**

- No, not of Hispanic, Latino or Spanish origin  Yes, Mexican, Mexican American, Chicano  
 Yes, Puerto Rican  Yes, Cuban  Yes, another 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 and you are requesting, with 1-2 alternates:**

Current rotation dates are listed on the Emory School of Medicine Visiting Student Web Page:  
<https://emorymed.emory.edu/Public/CurriculumPublicPages/VisitingInternationalStudent.aspx>

Requested Rotation \_\_\_\_\_

Requested Dates \_\_\_\_\_

Alternate Rotation \_\_\_\_\_

Requested Dates \_\_\_\_\_

Alternate Rotation \_\_\_\_\_

Requested Dates \_\_\_\_\_

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

\_\_\_\_\_  
Signature Date

**Checklist of requirements for Academic Health students Inside the US and Puerto Rico:**

- A completed **ACADEMIC HEALTH VISITING STUDENT APPLICATION FORM**
- A letter from your registrar, dean or dean's designee stating that you are in Good Academic Standing

**Official School Transcript**

**Documentation of the following immunizations:**

- 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 (history of chicken pox, vaccinations, or proof of immunity)

Proof of personal health coverage which provides coverage in the United States, and specifically in GA

- Documentation of a criminal background check through Emory's preferred background check provider
    - [www.advantagestudents.com](http://www.advantagestudents.com)
    - [www.infomart-usa.com](http://www.infomart-usa.com)
  - Documentation of OSHA safety measures and infection control precautions and HIPAA training
- Color copy of one official government issued photo identification. (Some examples are: U.S. passport, US passport card, US Driver's license, Permanent Resident Card.)