



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
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Email: _____ Phone: _____

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

Address during rotation (if available)

Street	City	State	Zip Code
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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
 - 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.)