



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 returned 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/Province, 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/Province/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?

- 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 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:

- Completed INTERNATIONAL VISITING STUDENT APPLICATION FORM
- Non-refundable \$500 application fee in U.S. CURRENCY
- 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)
- Documentation of the following:
 - 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
- 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)
- Color Copy of the main pages of your passport showing, passport number, dates of issue, expiration, photo, date of birth and place of birth
- 2 passport size/quality photographs
- Documentation of an international criminal background check through an Emory preferred background check provider:
 - <http://www.advantagestudents.com>
 - <http://www.infomart-usa.com>
- Proof of passing USMLE Step 1
- Color copy of students current B-1 Visa
- If a student from a non-English speaking country, TOEFL iBT test (Test of English as a Foreign Language) results