

FOURTH YEAR AWAY ELECTIVE INFORMATION



Office of the Registrar
Health Science Campus
Mulford Library
Toledo, OH 43614
Phone: 419.383.3600
Fax: 419.383.4003
HSCregistrar@utoledo.edu

Students may be required to provide the following documentation with their application to the away institution (documentation requirements vary with away institution).

Below is a list of possible documentation that may be required for your elective rotation which includes, but is not limited to:

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- **HIPAA Certificate**
(Health Insurance Portability & Accountability Act) Please email lynn.hutt@utoledo.edu to receive a copy of your HIPAA certificate. If you need to speak directly with her, please call her at **419.383.3427**.
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- **ACLS/BLS**
(Advanced Cardiovascular Life Support)/(Basic Life Support) Paramedics & Life Support Training
Glendale Medical Center, 3355 Glendale, Basement, Room 022
Email James.cress@utoledo.edu or call **419.383.5204 & press 2 to bypass message**
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- **Immunizations and Other Health Requirements** Documentation of immunizations/health requirements can be downloaded through the MyUT portal.

If your health requirements are delinquent or you feel the portal documentation is incorrect, please contact Nicolasa Wilson at 419-383-5239 or Nicolasa.Wilson@utoledo.edu
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- **Drug Screen** Drug screening is available at the UT Student Health & Wellness Center. The cost is \$53.00.

Complete the Release of Information form at the following link:

<http://utmc.utoledo.edu/ut-medical-center/patients/pdfs/2018-10-04%20-%20ROI.pdf>

*Results can be sent directly to: HSCRegistrar@UToledo.edu by the Health Center. Please note: **Drug Screens provided by students cannot be accepted.** Only drug screens completed through the UT Student Health & Wellness Center, and sent directly to the Registrar's Office are eligible for upload to VSAS. For appointments call: 419-383-5000 (HSC) Or: 419-530-3451 (MC)*
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- **Copy of USMLE Score Reports** (United States Medical Licensing Examination) If you did not download your original score report, you may request/purchase a USMLE transcript and score report at the Web address below:
<https://www.usmle.org/transcripts/>
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- **Curriculum Vitae (CV)**
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- **Proof of Health Insurance** Must provide copy of card.
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- **Background Checks – FBI & BCI**
(Federal Bureau of Investigation)
(Bureau of Criminal Identification)
Main Campus Police – **419.530.4439**
\$60 Cost for both (this covers in state and out of state background checks)
\$40 FBI background check only
\$35 BCI background check only
This form cannot be used for out of state rotations.

The Registrar's Office must receive background checks directly from the Ohio Attorney General's Office. Background checks will not be accepted
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from the student or other institutions, even if the envelope has not been opened.

- **Professional Liability (Malpractice) Insurance**

Proof of insurance coverage with aggregate limits can be found at:

http://www.utoledo.edu/med/md/curriculum/curriculum4/curric4_pdfs/Professl Liab Coverage Descrip7117.pdf

- **Academic Transcripts**

Transcripts are uploaded to VSAS when the Registrar's Office receives a transcript requirement to be fulfilled after students submit an away elective application. That original transcript will be attached to all future away elective applications. If students have had grades posted and would like a current transcript to be uploaded, please contact the host institution to request a new transcript requirement to be submitted to UT. Each host institution will need to be contacted where a current transcript is to be uploaded.

- **Documents for Upload**

Please note: only the Letter Request for the Letter of Good Standing and the Transcript Request will be accepted from the student. All other documents must be sent directly to the Registrar's Office by the office where the testing was completed.

Please direct all requests for the below documentation to the area identified:

Office of the Registrar

- Letter of Good Standing
- Official Academic Transcript
- 419-383-3600
- HSCRegistrar@UToledo.edu

Office of Student Affairs

- Letter of Recommendation from Dean
- 419-383-3600
- OSAMed@UToledo.edu

Appropriate Faculty Member

- Letter of Recommendation