

# **FOURTH YEAR AWAY ELECTIVE INFORMATION**



**Office of the Registrar**  
Health Science Campus  
Mulford Library 121  
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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<ul style="list-style-type: none"><li>HIPAA Certificate (Health Insurance Portability &amp; Accountability Act)</li></ul>	Please email <a href="mailto:lynn.hutt@utoledo.edu">lynn.hutt@utoledo.edu</a> to receive a copy of your HIPAA certificate. If you need to speak directly with her, please call her at <b>419.383.6933</b> .
<ul style="list-style-type: none"><li>ACLS/BLS (Advanced Cardiovascular Life Support)/(Basic Life Support)</li></ul>	<b>Kelly Burgin</b> Life Support Training Collier Building - Basement <b>419.383.5204 &amp; press 2 to bypass message</b>
<ul style="list-style-type: none"><li>Immunizations and Other Health Requirements</li></ul>	Documentation of immunizations/health requirements can be downloaded through the myUT portal.  If your health requirements are delinquent or you feel the information in the myUT portal documentation is incorrect, please contact the Health Requirements Supervisor at <a href="mailto:StudentHealthRequirements@utoledo.edu">StudentHealthRequirements@utoledo.edu</a> or at <b>419.383.6234</b> .
<ul style="list-style-type: none"><li>Curriculum Vitae (CV)</li></ul>	
<ul style="list-style-type: none"><li>Copy of USMLE Score Reports (United States Medical Licensing Examination)</li></ul>	If you did not download your original score report, you may request/purchase a USMLE transcript and score report at the Web address below:  <a href="https://apps.nbme.org/ciw2/prod/jsp/login.jsp">https://apps.nbme.org/ciw2/prod/jsp/login.jsp</a>
<ul style="list-style-type: none"><li>Proof of Health Insurance</li></ul>	Must provide copy of card.
<ul style="list-style-type: none"><li>Respiratory Mask Fit</li></ul>	Please email the Health Requirements Supervisor at <a href="mailto:StudentHealthRequirements@utoledo.edu">StudentHealthRequirements@utoledo.edu</a> to request a copy of your record or call 419-383-6234.
<ul style="list-style-type: none"><li>Background Checks – FBI &amp; BCI (Federal Bureau of Investigation) (Bureau of Criminal Identification)</li></ul>	Main Campus Police – <b>Fingerprinting Office, 419.530.4439</b> \$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.
<ul style="list-style-type: none"><li>Professional Liability (Malpractice Insurance)</li></ul>	Proof of insurance coverage with aggregate limits can be found at: <a href="http://www.utoledo.edu/depts/risk/pdfs/Professl%20Liab%20Coverage%20Descrip_7-1-16.pdf">http://www.utoledo.edu/depts/risk/pdfs/Professl%20Liab%20Coverage%20Descrip_7-1-16.pdf</a>

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

## **Office of the Registrar**

- Letter of Good Standing
- Official Academic Transcript

## **Office of Student Affairs**

- Letter of Recommendation from Dean

## **Appropriate Faculty Member**

- Letter of Recommendation