

INTERNATIONAL VISITING STUDENT APPLICATION

Below you will find the required forms and a checklist of requirements that need to be included in a completed application for a clinical observership/rotation at The University of Toledo Medical Center via The University of Toledo College of Medicine and Life Sciences.

Options for international clinical rotations include the following departments: **Emergency Medicine**, **Cardiology**, **Gastroenterology**, **Nephrology**, **Pulmonology**, **Pain Management, Hematology/Oncology, and Orthopedics**. Please list your top 2 departmental choices as well as the 4-week clerkship dates (listed in the table below) in which you are interested in participating on your application and we will do our best to accommodate your request. The academic year for international visitors begins in September and runs through June and we can only accommodate 2 students each month; no exceptions. Thank you.

|  |  |
| --- | --- |
| **The University of Toledo College of Medicine and Life Sciences 2017/2018 4th Year Clerkship Dates**  ***Please note that there are 2 rotation slots available per clerkship date and students rotating together will be required to share the 2 private bedroom, fully furnished loft; no exceptions. Thank you!*** | |
| August 28 – September 20, 2017 | *\*Labor Day Holiday observed; no rotations on Monday, September 4th..* |
| September 25 – October 18, 2017 |  |
| October 23 – November 15, 2017 | *\*Veteran’s Day Holiday observed; no rotations on Friday, November 10th.* |
| November 20 – December 13, 2017 | *\*Thanksgiving Holiday observed; no rotations Wednesday, November 22nd through Friday, November24th.* |
| January 2 – 24, 2018 | *\*Martin Luther King Holiday observed; no rotations on Monday, January 15th.* |
| January 29 – February 21, 2018 |  |
| February 26 – March 21, 2018 |  |
| April 2 – 25, 2018 |  |
| April 30 – May 23, 2018 |  |
| May 29 – June 26, 2018 |  |

Please note that The University of Toledo requires that all visiting international students live in the housing provided at the Gateway Lofts (fully furnished, private 2-bedroom loft with one shared bathroom, living room, and kitchen with laundry facilities; please keep that in mind when you are planning your reservations: e.g., same-sex reservations) on Main Campus (<http://loftsatgateway.com/>); no exceptions. Thank you! International students will each be charged a $1200 monthly housing/transportation fee for the coming year. *\*Please note housing and transportation fees are subject to change at any time.*

In addition, at this point in time, The University of Toledo, College of Medicine and Life Sciences only honors applications from international students who are affiliated with schools/institutions within which we have established an existing formal exchange agreement; no exceptions. Thank you.

We have standing agreements in the following locations with the following institutions.

* **China**
  1. Beijing: *Peking University People’s Hospital*
  2. Chengdu: *West China School of Medicine, Sichuan University/West China Hospital*
  3. Shanghai: *Shanghai Jiao Tong University/Shanghai General Hospital*
* **Ethiopia**
  1. Addis Ababa: *Addis Ababa University, School of Medicine/Black Lion Hospital and Education Center*
* **India**
  1. Manali, Kullu, Himachal Pradesh: *Lady Willingdon Hospital*
  2. Coimbatore: *PSG & Sons’ Charities/PSG Institute of Medical Sciences and Research*
* **Jordan**
  1. Amman: *Jordan Hospital Group and Medical University*
* **Lebanon** 
  1. Beirut: *The American University of Beirut*
* **Pakistan** 
  1. Peshawar: *Khyber Medical College*
  2. Karachi: *Aga Khan University*
* **Philippines** 
  1. Manila: *Republic of the Philippines, Department of Health/East Avenue Medical Center*
* **Zambia**
  1. Kitwe: *Company Clinic and Mine Hospital*

The priority deadline for international student applications is Friday, June 30, 2017 for the upcoming September 2017 – June 2018 calendar year. Please know that by applying, you are verifying that you will participate in the rotation in which you’re applying; cancellations and rescheduling are not permitted.

Please be sure that your applications are complete before submission. Completed applications include all of the following.

**Completed Visiting Medical Student Application**

**Official Transcripts from Home Institution**

*Official transcripts to include both successful completion of the following required clerkships as well as number of weeks completed before submission: Family Medicine, Internal Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery. Successful completion of all aforementioned clerkships is required in order to participate in a clinical observership rotation at UTMC. Should you have not yet completed the aforementioned required clerkships before you apply (but you will have completed them by the time you’re scheduled to rotate with us) please send your application as is and we will tentatively hold your preferred rotation slot until we receive your final updated transcripts. Please know that it is solely your responsibility to send Ms. Deborah Krohn all updated official transcripts upon successful completion of the aforementioned required clerkships for formal admission.*

**Evidence of Training in Universal Precautions** *Proof of standard precautions guidelines/training recommended by the Centers for Disease Control and Prevention for reducing the risk of transmission of blood-borne and other pathogens in hospitals.*

**Proof of Required Travel Insurance**

*All international visiting students are required to purchase travel insurance from United Healthcare Global. International visiting students are required to purchase United Healthcare Global Safe Trip 2 Plan with $250,000 coverage with zero deductible; no exceptions. Thank you!*

*Students may view pricing and a comprehensive description of coverage as well as purchase United Healthcare Global’s Safe Trip 2 Plan via the following website:* [*https://uhcsafetrip.com//*](https://uhcsafetrip.com//)*. Upon purchase, United Healthcare Global will email you with your insurance coverage. Please include your emailed coverage receipt with your application. United Healthcare Global travel insurance will cost you approximately $100 per month.*

*Additionally, please note that international students are not required to purchase their own liability insurance since they will be completing clinical rotations under the supervision of UTMC physicians.*

**Criminal Background Check**

**Official Letter of Good Academic Standing from Home Institution**

**Proof of Physical Examination**

**Proof of HIPAA Training**

*Online HIPAA training can easily be completed upon arrival at The University of Toledo Medical Center during orientation.*

**Completed Immunization Form**

*If you have questions about our required immunization form, please contact the Student Health Office at 419-383-5555.*

**Copy of Passport and Visa (upon receipt)**

*Please include a copy of your passport and visa. If you have yet to receive your visa, it is your responsibility to forward Deborah Krohn an electronic copy of your visa upon receipt.*

We ask that you please only use one email address for all communication involving your intended rotation. Thank you!

Additionally, we require that both your arrival and departure flights are secured before you arrive in Toledo to guarantee airport transportation services. Please note, should you change your flight reservation(s) after submission to the University, we cannot guarantee arrival and departure transportation services. We can, however, recommend a taxi shuttle to the airport; however, you will be responsible for the fee. Please note that the current estimated cost of airport transportation to Detroit Metropolitan Airport from The University of Toledo is $200 one-way. *\*Shuttle rates are subject to change at any time.*

Finally, all inquiries regarding an international rotation must be directed to Ms. Deborah Krohn, Global Health Program Advisor, and all international applications may be emailed directly to her address below. Please note all applications must be scanned, in color, as one PDF document for consideration; no exceptions.

Thank you and we look forward to hosting you here at The University of Toledo Health!

**Deborah M. Krohn,**M.Ed.

Global Health Program Advisor – College of Medicine & Life Sciences, Health Science Campus

The University of Toledo

2801 W. Bancroft St.

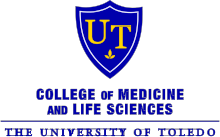
Stranahan Hall, Room 1022A/Mail Stop 103

Toledo, OH 43606

phone: 419.530.2549

fax: 419.530.5353

email: [**deborah.krohn@utoledo.edu**](mailto:deborah.krohn@utoledo.edu)



**The University of Toledo Visiting Medical Student Application for International Students**

Section I: To be completed by the student (please print or type).

Name:

Phone number: ( )

Address:

Email Address: LCME approved Medical School Name and Address:

Phone and Fax number: \_ \_

Emergency Contact Name: \_ Emergency Contact Phone Number:

Clinical Observership Rotation Request

 Students, please select your preferred rotation departments and rotation dates from TheUniversity of Toledo College of Medicine and Life Sciences 2015/2016 4th Year Clerkship Dates table found on page 1 of the application.

1st Choice

Department Name Rotation Date

2nd Choice

Department Name Rotation Date

Student signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Section II: To be completed by visiting student’s Registrar’s Office.

The medical student named above is a year student in a year program at this institution and is in good standing. She/he (will) (will not) have completed core clinical clerkships in surgery, medicine, family medicine, obstetrics/gynecology, pediatrics and psychiatry. She/he will not pay tuition at this school during the period indicated; however, she/he is responsible for all travel expenses to include transportation and housing fees, medical insurance, and personal expenses. Personal health coverage (is) (is not) in effect away from this school. If she/he does not have adequate medical insurance, she/he is required to purchase travel medical insurance for the duration of her/his stay with CMI insurance (<https://www.cmi-insurance.com/travel-medical-insurance/view-all-plans/global-medical-usa.aspx>). She/he is authorized to take this elective for credit at home institution. At the conclusion of the experience, an evaluation (will) (will not) be required. I will provide Ms. Deborah Krohn with our required evaluation. A copy of our evaluation form (is) (is not) attached for your use.

School Official’s Signature Date

Name and Title (please print or type)

AFFIX SCHOOL SEAL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section III: To be completed by the Office of Medical Education

( ) Approved ( ) Not Approved

Signature Date

**Please return all applications to: Ms. Deborah Krohn, M.Ed., Global Health Program Advisor, The University of Toledo College of Medicine and Life Sciences, 2801 W. Bancroft St., Stranahan Hall, Room 2017/Mail Stop 103, Toledo, OH 43606.**

***University of Toledo***

**For Office use only:**

**Td Hep B HBsAg**

**Student Health Requirement Form**

**HBsAB**

**MMR \_ TB/PPD**

**For Visiting Students**

**LABS**

**Physical Chest x-ray**

**STUDENT: PLEASE COMPLETE THIS SECTION**

Student’s Name

Last First Middle

\_ Date of Birth

Current Address

Phone Number

\_ Preferred email address

**STUDENT: PLEASE HAVE THIS SECTION COMPLETED BY YOUR HEALTH CARE PROVIDER.**

Please attach data where an asterisk (\*) is indicated, if it applies to this patient.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION** | **DATES**  **(MO/DA/YR)** | **IMMUNIZATION OR**  **TESTING REQUIRED** |  |  |
| **A** | **/ /** | **#1 MMR** | Need 2 doses, if born  after 1/1/57 |  |
|  |  |  |  |
| **/ /** | **#2 MMR** |  |  |
|  |  |  |  |  |
| **B** | / / | **-lab test-**  **RUBELLA TITER**  As proof of immunity | **\*include lab copy** | **IF NOT IMMUNE,** then  PLEASE IMMUNIZE Date: / / |
|  |  |  |  |  |
| **C** | / / | **-lab test-**  **HEPATITIS B Surface Antigen** | **\*include lab copy** | DO prior to OR at beginning  of Hepatitis B series |
|  |  |  |  |  |
| **D** |  | **HEPATITIS SERIES** (SERIES OF 3) | |  |
|  | **/ /** | **Hepatitis B #1 vaccine** | **Must have at least 1**  **dose prior to starting classes at MCO.** |  |
|  |  |  |  |  |
|  | **/ /** | **Hepatitis B #2 vaccine** | Needed **1 month** after  Hepatitis B #1 | Note: series may be completed at UTMC if needed due to timing of vaccine.  vaccine. |
|  |  |  |  |  |
|  | **/ /** | **Hepatitis B #3 vaccine** | Needed **6 months** after  Hepatitis B #1 | Note: series may be completed at UTMC if needed due to timing of vaccine. |
|  |  |  |  |  |

|  |  |  |  |  |
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| **SECTION** | **DATES**  **(MO/DA/YR)** | **IMMUNIZATION OR**  **TESTING REQUIRED** |  |  |
| **E** | / / | **-lab test-**  **Hepatitis B surface Antibody**  **POSITIVE**  As proof of immunity | **\*include lab copy**  DO 4 to 8 weeks **after**  completing full series. | NOTE: series may be  completed at UTMC if needed due to timing of vaccine. |
|  |  |  |  |  |
| **F** |  | **CHICKEN POX** | Reported Disease Date: / /  Positive titer (optional) Date: / / | |
|  |  | Vaccine (optional)  Dose #1 Date: / / Dose #2 Date: / / | | |
|  |  |  |  |  |
| **G** | / / | **PHYSICAL EXAM**  (within past 12 months) | Are there any restrictions for clinical experiences? *( )*  *No ( ) Yes\**  *\*If YES please attach a brief letter explaining nature of restrictions.* | |
|  |  |  |  |  |
| **H** | **/ /** | **TETANUS/DIPHTHERIA** (within past 10 years) | |  |
|  |  |  |  |  |
| **I** | / / | **PPD SKIN TESTING**  **(for tuberculosis)** | **Mantoux Test**  ONLY ACCEPTED |  |
|  | **PPD #1**  / /  placed | Have this test read 48 – 72 hours later. | DATE READ: / / Read by, name & title:  RESULT = ( ) 0mm induration  Or  ( ) mm induration | |
|  | (followed by) | **Note: 1 to 3 weeks later,**  **repeat same test.** |  | |
|  | **PPD #2**  / /  placed | Have this test read 48 – 72 hours later. | DATE READ: / / Read by, name & title:  RESULT = ( ) 0mm induration  Or  ( ) mm induration | |
|  | **CHEST X-RAY** | **DO ONLY** IF either PPD is  POSITIVE with 15mm or more induration. | \*(include copy of  report, within past 12 months) | Treatment initiated?  ( ) Yes  ( ) No |

HEALTH CARE PROVIDER:

Signature

Please print or type name and address