

**STATEN ISLAND UNIVERSITY HOSPITAL
VISITING MEDICAL STUDENT APPLICATION FORM**

Directions:

Thank you for your interest in pursuing a medical student rotation at Staten Island University Hospital (SIUH). This application must be filled out in its entirety. Please answer all items and do not leave any blank spaces. Our office must receive applications at least 8 weeks prior to the start of the course. Upon completion, return this form **with a passport photo** as follows:

FOR INPATIENT ELECTIVES/ROTATIONS, return to:

Staten Island University Hospital
Department of Medicine
Attn: Jeanette B. Fraticelli
Student Education Coordinator
475 Seaview Avenue
Staten Island, NY 10305

FOR PRIMARY CARE I / AMBULATORY MEDICINE, return to:

Staten Island University Hospital
Department of Medicine
Attn: Lorraine LoPrete
Manager
360 Seaview Avenue
Staten Island, NY 10305

If you have any questions please call Ms. Fraticelli at 718-226-6527, or Ms. LoPrete at 718-226-6158.

Applicant's Demographics: (To be completed by student)

1. Name (Last, First, Middle Initial)	2. Telephone:
3. Address:	4. Medical School:
5. Year In Medical School	6. Address of Medical School:
7. Email Address:	8. List boxes for Core Clerkships you will have completed at the time you begin the elective: <input type="checkbox"/> Medicine <input type="checkbox"/> Surgery <input type="checkbox"/> Pediatrics <input type="checkbox"/> Women's Health <input type="checkbox"/> Psychiatry <input type="checkbox"/> Neurology
9. List of Electives in order of choice: 1. _____ 2. _____ 3. _____	10. Dates: (Please note all electives start on the first Monday of the month and end on the last Friday) 1. _____ 2. _____

To be completed by Applicant's Medical School Dean (all items must be completed)

I hereby certify that the above named student is in good academic standing at this institution. At the time of the requested elective the student will be in their _____ year of Medical school.

Malpractice Insurance will cover the student during this elective time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal health insurance is in effect while student is away from school.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student has completed HIPPA training.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A report of the student's performance is required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An official transcript in sealed envelope must accompany this application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I confirm that the student will have completed clerkship (s) listed above (question #8).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Dean or Designee: _____

Title: _____

(Must affix School Seal)