

**Special Offering at Vanderbilt University:
June Visiting Medical Student Emergency Medicine Clinical, Didactic, and Career Elective**

This rotation is designed for the medical student who has strong interest in pursuing emergency medicine as a career. The clinical experience takes place in the Emergency Department at Vanderbilt Adult and Pediatric Emergency Departments, Sumner Regional, and the VA. The student is expected to provide the necessary emergency care for assigned patients during a variety of clinical shifts. The student will also have the opportunity to participate in a large didactic component including specialized lectures by Dr. Corey Slovis and Dr. Keith Wrenn on a daily basis. In addition, there will be a splinting lab, a procedure lab, and multiple simulation experiences throughout the month. The student will also be expected to attend all Tuesday EM Case Conferences and encouraged to attend the weekly Vanderbilt Trauma Conference and monthly EM journal club. In addition, student will have multiple opportunities for EM career mentorship throughout the month.

Instructions:

If you are interested in applying for this rotation, please complete the application form found below and submit to:

Vanderbilt University School of Medicine
Office of Student Records
303 Light Hall
Nashville, TN 37232-0248
Telephone: (615) 343-6311

Applications are due no later than April 15th.

Please include with your application the following:

- Curriculum Vitae
- Official Transcript
- Immunization Form (*Required Immunization Form is also attached*)
- \$150 Processing Fee
- Proof of Criminal Background Check

(This must be completed prior to June 4, 2011.)

You will also be required to submit Drug Screen Results to our office. The Drug Screen cannot be completed prior to May 4, 2012, and may be submitted to us after you have been accepted for the rotation.

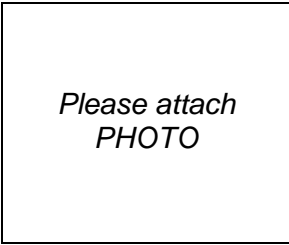
There must be a minimum of 6 students enrolled for this rotation to be held. Additionally, there is a maximum of 15 students.

Contact Information:

For information regarding the rotation: Nancy Ingram, Dept. Education Assistant
nancy.ingram@Vanderbilt.Edu

For information regarding application process: Jennifer Ray, Visiting Student Coordinator
jennifer.m.ray@vanderbilt.edu

If you are applying for a traditional Emergency Medicine for the 2012-2013 Academic Year, you will need to submit your application via VSAS



**Visiting Student Application Form
Vanderbilt University School of Medicine
Nashville, Tennessee**

PLEASE PRINT OR TYPE

Full Name : _____ **Tel. # :** () _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____

SSN # : _____ **Date of Birth:** _____ **Citizenship:** _____

Military Service (present or past): _____ **If yes, what branch:** _____

Prior College: _____ **Degree:** _____ **Date of Degree:** _____

Current Medical School: _____

Mailing Address: _____ **Tel. #:** () _____

USMLE Step 1 Score
required _____

Please list and rank your preferred choice(s) of Clerkships here at Vanderbilt University School of Medicine

This application is for **Special Offering: June Visiting Medical Student "Emergency Medicine Clinical, Didactic, and Career Elective"** only.

Dates of Proposed Stay: June Rotation Only (June 4 – 29, 2012)

I understand that my educational experience at Vanderbilt University School of Medicine is as a sponsored visiting medical student for the program described. A \$150.00, **non-refundable**, processing fee made payable to Vanderbilt University is required before this application will be processed. Vanderbilt University School of Medicine will provide the student's medical school a performance evaluation, if requested, for credit purposes. Furthermore, I understand my accommodations are my responsibility. If I am confirmed as a visiting student at Vanderbilt Medical School, I understand that I will be required to take part in a Bloodborne Pathogen Training Session. If I am confirmed for a clerkship and I subsequently cannot attend, I will provide, IN WRITING, NOTICE to Vanderbilt Medical School, Office of Student Records.

Signature of Visiting Student

Date

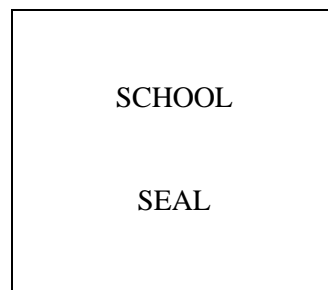
***Include CV, Official Transcript, Immunization Form, & Processing Fee with your application.**

THE FOLLOWING TO BE COMPLETED BY THE VISITING STUDENT'S MEDICAL SCHOOL

A student's request for visiting coursework at Vanderbilt will be considered if the student's Dean (or designate) confirms the following:

- The coursework, as requested, is approved for this student for credit as a portion of his/her medical school's required coursework.
- The student is adequately covered under professional liability insurance and health insurance provided through his/her medical school.
- It is understood that the visiting medical student is not an employee of Vanderbilt University and is not covered under the Vanderbilt Worker's Compensation Plan.
- **The student is a senior medical student in good standing at his/her medical school.**
- Vanderbilt University School of Medicine reserves the right to cancel any rotation if the student's performance is unsatisfactory, or if the safety or the health of any patient(s) is at risk.
- The student has been immunized against rubeola, rubella, mumps, varicella, polio and hepatitis B. He/she has also had diphtheria-tetanus and influenza boosters in accordance with the CDC guidelines. He/she has also been tested for tuberculosis in the last year.

***Please note if there is no School Seal*



Signature of Student's Dean/Designate

Date

The following to be completed by Vanderbilt Medical School Faculty:

The above visiting student is acceptable for a clerkship during the available academic unit.

**Signature of Vanderbilt Course Director
(or designate)**

Date

**Signature of Visiting Student Coordinator
(or designate)**

Date

**RETURN THIS APPLICATION BY APRIL 15TH TO:
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Nashville, TN 37232-0248
Telephone: (615) 343-6311**

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