

**Application Form for  
NonVSLO Away/International Electives**

Office of Medical Education  
College of Medicine  
The University of Tennessee Health Science Center  
910 Madison Ave, Ste 1002  
Memphis, Tennessee 38163  
901-448-5506 office; 901-448-1488 fax  
Attn: Kimberlee Norwood, MA [knorwood@uthsc.edu](mailto:knorwood@uthsc.edu)

**SECTION I: To be completed by the student.**

Name of Student: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Student email: \_\_\_\_\_

Elective(s) Applying for (Name and Number):

Block away (dates):

\_\_\_\_\_

\_\_\_\_\_

Institution (Name, Address, contact):

Department:

\_\_\_\_\_

\_\_\_\_\_

**SECTION II: To be completed by UTHSC Department.** The above elective(s) is/are **approved** with the understanding that it is a regularly approved student elective at the institute indicated.

Chair or other authorized signer:

Department:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION III: To be completed by the Office of Medical Education.** The student is currently in good standing and is expected to complete all core clerkships before doing electives away. Tuition will be paid at UTHSC. Malpractice insurance (\$1 million/incidence, \$3 million aggregate) will be in effect while student is at another US institution. For international rotations, student is required to purchase a policy with stated limits to cover them during the rotation or show proof the program is covering the student while the student is in attendance. The student has been immunized against measles and rubella, and has been TB skin tested within the past year. The student also has completed HIPAA compliance training and OSHA requirements. The student has had a background check at matriculation. An evaluation form, which the student will provide, is required at the end of the rotation.

**Approved:**

\_\_\_\_\_

Office of Medical Education Signee

**SECTION IV: To be completed by the Cooperating Institution.**

Elective:

Department:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

These electives are regularly approved student electives at this institution. The student should report to:

Institution Name and Address: \_\_\_\_\_

Person: \_\_\_\_\_ Location: \_\_\_\_\_ Date/Time: \_\_\_\_\_

\_\_\_\_\_

Date:

Signature:

Name and Title:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_