

UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE Visiting Student Program Guidelines

The Liaison Committee on Medical Education has adopted the following standards effective June 13, 1998, with regard to visiting students.

Students visiting from other schools for clinical clerkships and electives must possess qualifications equivalent to the students they will join in these experiences. There must be sufficient institutional resources to accommodate such students without significantly diminishing the resources available to students already enrolled. Visiting students must be registered by the school for the period in which they are visiting, so as to ensure that they satisfy the school's requirements for health records, immunizations, health insurance, and liability protection.

In compliance with the accreditation standards, the University of Cincinnati College of Medicine (UCCOM) limits participation in the medical school curriculum to UCCOM students enrolled in the M.D. degree program, except under the following circumstances.

1. Non-clinical courses in the curriculum for the M.D. degree.
Restricted to degree-seeking students enrolled in graduate programs of the UCCOM departments. Requires permission of course director and permission of UCCOM Associate Dean for Graduate Studies (through the Office of Graduate Studies which will coordinate with the Office of Medical Education and the Office of Student Affairs).
2. Clinical Courses
 - A. Introduction to Clinical Practice (ICP) I and II: Restricted to M.D., or Physician Scientist Training Program (PSTP) students enrolled at the UCCOM. (This is compatible with Liaison Committee on Medical Education [LCME] standards.)
 - B. Core Clerkships and Specialty Rotations in Third Year: Restricted to M.D. and PSTP students enrolled at the UCCOM.
 - C. Senior Electives:
 1. Many, but not all, of the clinical electives offered by UCCOM are open to outside students at the sole discretion of the clerkship director. All visiting student rotations must be approved by the UCCOM registrar. Visiting students are expected to adhere to the UCCOM clinical rotation dates. Visiting students are not allowed to do independent study.
 2. All electives are offered in English. Students **must** be fluent in the English language.
 3. Students from domestic schools (LCME accredited schools and schools accredited by the American Osteopathic Association)
 - Requires approval of departmental elective director and/or department director.
 - If the request is received by an affiliate hospital, it is forwarded to the director of the appropriate UCCOM department along with the recommendation of the chief of service or department chair at the affiliate. (For electives offered at The Christ Hospital, all applications for UCCOM credit are routed to the UCCOM department director through the UCCOM Assistant Dean for Medical Education.)
 - Requires permission of and pre-registration with the UCCOM Office of Student Affairs/Registrar. No student may begin a rotation without approval of the Office of Student Affairs/Registrar. The UC malpractice policy will only cover students who are registered with the College of Medicine registrar.

Maximum number of weeks: Eight (8). Participation in electives is dependent on successful completion of any prior rotations.

- Must be enrolled in good standing as a full-time medical student with training comparable to that of a 4th year UCCOM student. Primary source verification from applicant's school is required.
 - Must document proof of health insurance.
 - Must document proof of training in Universal Precautions (blood-borne and airborne pathogens) within one year (12 months) of start of rotation.
 - Required to sign up for the Blood-borne Pathogen Insurance Policy for the University of Cincinnati. A non-refundable check payable to University of Cincinnati in the amount of \$37 must be submitted with application (coverage applies only to BBP exposures during two consecutive months of UC rotation(s); policy will cover actual expenses up to \$1,500 for the first 30 days after a possible BBP exposure).
 - Must submit documentation of required immunizations. No visiting student will be allowed on hospital wards without documentation of the required immunizations.
 - All documentation must be completed and submitted at least four (4) weeks before the elective start date.
 - Visiting students are responsible for their own room and board.
4. Students from International Medical Schools

International students may be accepted on a limited basis. No more than two (2) students may be accepted by a department at a time. Each clinical department⁽¹⁾ will be permitted a maximum of four (4) international students in a given academic year. Students from international schools must meet the following requirements.

- The medical school is accredited in the home country and more than 50% of the students who attend are citizens of that country.
- Application is made to the department director of the responsible clinical department at the UCCOM. The department assumes responsibility for assuring that the student meets all requirements. If the request is received by an affiliate hospital, it is forwarded to the director of the appropriate UCCOM department along with the recommendation of the chief of service or department chair at the affiliate. (For electives offered at The Christ Hospital, all applications for UCCOM credit are routed to the UCCOM department director through the UCCOM Assistant Dean for Medical Education.)
- Upon approval of the department director, all verified documentation is forwarded to the UCCOM Office of Student Affairs/Registrar. Only the OSA/Registrar can approve the elective request. If approval is granted, the OSA will notify the applicant in writing and a copy of the approval letter will be sent to the department director. The UC malpractice policy will only cover students who are registered through the College of Medicine registrar.
- Maximum number of weeks: Eight (8)*. Participation in electives is dependent upon successful completion of any prior rotations.

*Visiting international students from Ludwig-Maximilians Univ. COM (Munich, Germany) and National University COM of Singapore are permitted a **maximum of 12 weeks**. Jordan University of Science & Technology (JUST), maximum of 8 weeks; USMLE Step 1 waived. JUST applications to be sent to Dr. Filak for facilitation.

⁽¹⁾Clinical Departments: Anesthesia, Dermatology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Neurosurgery, Obstetrics & Gynecology, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Pathology, Pediatrics, Physical Medicine & Rehabilitation, Psychiatry, Radiology, Surgery

- Must be enrolled in good standing as a full-time medical student with training comparable to that of a 4th year UCCOM student. To be eligible, students must be in their final year of medical school, and must show a passing score on Step 1 of the USMLE exam. The duration of training in many non-U.S. or Canadian medical education systems may be 4, 5 or 6 years. Thus, students in a 6-year system (e.g., German medical schools) must be in their 6th year to be considered the equivalent of a U.S. 4th-year student.
 - Primary source verification from applicant's school is required. Each student must provide a transcript which indicates the successful completion of all their clinical clerkships to date. In addition, each student must provide a letter from their registrar or dean stating they are in good standing and are approved to do an elective at UCCOM. All documents must be translated into the English language. Individuals who have completed all required coursework at their medical school but who have not met a service requirement are ineligible. Individuals who have graduated from a medical school are not eligible for student status.
 - Must submit proof of health insurance by a U.S. carrier that will be in effect for the duration of the rotation. The following company can be contacted to purchase personal health insurance: Richard H. Lonneman, Jr., Neace Lukens-Cincinnati, Three Centennial Plaza, 895 Central Ave., Suite 1100, Cincinnati, OH 45202. Phone: 513-624-1718 (direct); 800-860-9699 (toll free); fax 513-333-0780; email: richard.lonneman@neacelukens.com. Link for internet application: https://www.imglobal.com/travelinsurance/index.cfm?IMGAC=17231&app_method=2.
 - Must document proof of training in Universal Precautions (blood-borne and airborne pathogens) within one year (12 months) of start of rotation.
 - Required to sign up for the Blood-borne Pathogen Insurance Policy for the University of Cincinnati. A non-refundable check payable to University of Cincinnati in the amount of \$37 must be submitted with application (coverage up to two consecutive months applies only to BBP exposures during UC rotation(s); policy will cover actual expenses up to \$1,500 for the first 30 days after a possible BBP exposure).
 - Must submit documentation of required immunizations. No visiting student will be allowed on hospital wards without documentation of the required immunizations. ***University of Cincinnati Visiting Student Immunization Form must be completed and signed by a health official at your school and submitted with elective application.***
 - All documentation must be completed and submitted at least four (4) weeks before the elective start date. The entire processing may take up to six (6) months.
 - A non-refundable fee of \$250 U.S. must be submitted upon notification of acceptance by the Office of Student Affairs. This must be received at least four (4) weeks prior to the elective start date.
5. Visiting students remain registered at their own schools while participating in UCCOM-sponsored clerkships. It is the student's responsibility to make sure an evaluation form is completed, when necessary.
6. Visiting students are responsible for their own room and board.

This policy replaces the *Guidelines for Participation in the Medical School Curriculum by Individuals Not Enrolled in the School of Medicine* document that was approved by Faculty Council, 9/12/96.

Approved by Faculty Council: 2/11/99

UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE (UCCOM)
VISITING (EXCHANGE) STUDENT
APPLICATION AND REGISTRATION PROCESS

General Information

For purposes of the University of Cincinnati College of Medicine Visiting (Exchange) Student Program, schools are categorized as (1) domestic – accredited by the Liaison Committee on Medical Education [LCME] or American Osteopathic Association [AOA], and (2) international – all other schools.

Details of the rules, regulations and requirements for this program are included in the Visiting Student Program Guidelines as approved by Faculty Council.

All visiting students are subject to the rules and regulations that apply to UCCOM students and to any health care facilities to which they are assigned. Violation of any school policy may result in immediate withdrawal from the program. Registration and continued participation in the program is based on satisfactory academic performance and behavior. Any student whose performance is substandard or unsatisfactory may be administratively withdrawn by the UCCOM Dean's Office with no further right of appeal.

Application Process

- Applications must be completed at least 4 weeks prior to the start of the rotation.
- Once a student has been scheduled for a clerkship, no changes in the assignment are allowed.
- All international students must be approved for a rotation by a clinical department before the completed application is sent to the Registrar. Final approval for participation in a clerkship can only be granted by the Registrar.
- The student must obtain departmental approval for the elective. The department will forward the application to the Registrar.
- The student must submit with the application verification of health insurance by a U.S. carrier.
- All documents must be translated into the English language. Only originals with signatures are accepted. Photocopies are not acceptable.
- **Incomplete applications will not be processed.**

Registrar
University of Cincinnati College of Medicine
PO Box 670552
231 Albert Sabin Way
Cincinnati, OH 45267-0552
Phone: (513) 558-5575

**UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE
VISITING STUDENT APPLICATION**

(Please print or type)

SECTION A: PERSONAL INFORMATION (to be completed by the student)

Name: _____ Soc Sec # _____
(First) (Middle) (Last)

Mailing Address

Street _____
Apartment # _____
City _____
State/Zip _____
Province _____
Country _____
Telephone _____
Email Address: _____

Permanent Address

Street _____
Apartment # _____
City _____
State/Zip _____
Province _____
Country _____
Telephone _____
Email Address _____

Emergency
Contact Name _____

Emergency Contact
Phone Number _____

Medical School
Attending _____

Country of
Medical School _____

Address where clerkship verification/grade report should be sent:

Name _____
Title _____
Street _____
Province _____

Phone _____
Institution _____
City/State/Zip _____
Country _____

Signature of Student _____ **Date** _____

UCCOM Visiting Student Application/Registration

SECTION B: DEAN OR REGISTRAR VERIFICATION

This section **must** be completed by the Dean or Registrar of your medical school. Requested information should be filled in legibly and/or appropriate responses circled below.

Name of Applicant _____

Name of School _____

Street Address _____

City/State/Zip _____

Province/Country _____

Phone Number _____

Standard length of time to complete MD program: _____ years

Student's year of medical school: _____

Student's expected graduation date: _____

Student is approved to do electives. Yes No

Student is in good academic standing. Yes No

Student has taken and passed* United States Medical Licensing Examination (USMLE) Step 1 Yes No Score _____

Student will pay tuition at home school while away. Yes No

Student will be taking the clerkship for credit. Yes No

A written evaluation will be required at the end of course.** Yes No

Student will be covered by malpractice insurance while away. Yes No

Student is required to have personal health insurance while at his/her home school. Yes No

Student has received training in Occupational Safety and Health Administration (OSHA) standards regarding transmission of bloodborne and airborne pathogens. Yes No

If YES, please indicate date of training. _____

Student is fluent in English. Yes No

For international schools: Has student taken Test of English as a Foreign Language (TOEFL) exam? Yes No

If YES, please give score and date taken:

Score _____ Date _____

*Passing score in USMLE, Step 1 **required**.

**Note: UCCOM faculty are not obligated to complete non-UCCOM evaluation forms.

To be completed by Dean or Registrar

Authorized by _____ Date _____
(signature)

Name _____ Title _____
Print or type

UCCOM Visiting Student Application/Registration

SECTION C: CLERKSHIP CHOICES (to be completed by the student)

Visiting students are limited to a maximum of eight (8) weeks of clinical rotations. Please list below clerkship choice(s) and hospital site preference, if applicable. When possible, use specific course numbers.

UCCOM students will have first priority in elective rotation assignments.

Name of Applicant _____

Maximum number of weeks desired: _____

	1st Choice	2nd Choice
Elective Title/Course Number		
Rotation Dates		
Course Director/Preceptor		

Please attach a separate sheet for additional choices.

UCCOM Department approval:

Signature _____ Date _____

Name (type or print) _____

Title _____ Phone _____

Return completed forms directly to the appropriate department chair.

UCCOM Visiting Student Application/Registration

SECTION D. TO BE COMPLETED BY THE UCCOM REGISTRAR.

Student Name _____ Soc Sec # _____

Medical School _____

Admission of the above-named student to the elective and dates listed below

_____ Is approved _____ Is not approved

The student will report to:

Elective _____

Person _____ Date _____

Place _____ Time _____

UCCOM Registrar's Signature _____ Date _____

- _____ Complete application
- _____ Transcript (for international students)
- _____ Verification of health insurance
- _____ Immunization records
- _____ Fee (for international students)
- _____ Fee for BBP insurance

Registrar
University of Cincinnati College of Medicine
PO Box 670552
231 Albert Sabin Way
Cincinnati, OH 45267-0552
Phone: (513) 558-5575

UCCOM VISITING STUDENT IMMUNIZATION RECORD

Name of Applicant _____ DOB _____ SS# _____

The UCCOM requires that all students participating in clinical rotations show proof of testing for tuberculosis and of immunity to measles, mumps, rubella, varicella, tetanus/diphtheria and hepatitis B. Applicants must be free from infectious diseases at the start of the elective. Any student who becomes ill with a communicable disease during participation as a visiting student is **REQUIRED** to notify the course director/attending physician, and remove himself/herself from patient care activity. All students must report any absences to the Registrar. ***This University of Cincinnati Visiting Student Immunization Form must be completed and signed by a health official at your school and submitted with elective application.***

CERTIFICATION BY PHYSICIAN, NURSE OR SCHOOL OFFICIAL

Please check the following immunizations that have been completed by the above named student.

_____ TB SKIN TEST (Mantoux): Within the past 12-month period.
Date: ___/___/___ Negative ___ Positive ___
Date: ___/___/___ Results _____
If above test positive, a chest xray from within the last 12-month period is required

_____ Tetanus/Diphtheria: Primary series plus Td booster within the last 10 years.
Td Booster – Date: ___/___/___

_____ MMR (measles, mumps, rubella): Vaccine or Positive Serology (2 doses of Measles are required. One dose since 1980.)
Measles Date: ___/___/___ ___/___/___
Mumps ___/___/___ ___/___/___
Rubella ___/___/___ ___/___/___
Measles ___/___/___ ___/___/___

_____ Hepatitis B: series of 3 doses
Dates: (1) ___/___/___ (2) ___/___/___ (3) ___/___/___
Titer: _____ Date _____ (should be 4-8 weeks after 3rd immunization).

_____ Varicella: 2 doses of vaccine at least 4 weeks apart or serologic evidence of immunity.
Varicella antibody titer: _____ Date: ___/___/___
Varicella vaccine: 1st dose ___/___/___
2nd dose ___/___/___

Student signature: _____ Date: _____

M.D., R.N., or School Official (Signature): _____ Date: _____

Name _____ Title _____
Address _____ Phone _____

Department Addresses for Visiting Student Application

Unless otherwise noted (*), please address applications to:

Department Name
PO Box Number
University of Cincinnati
College of Medicine
Cincinnati, OH 45267

Anesthesia
PO Box 670531

Cell Biology, Neurobiology and Anatomy
PO Box 670521

Dermatology
PO Box 670592

Emergency Medicine
PO Box 670769

Environmental Health
c/o Registrar
Office of Student Affairs
PO Box 670552

Family Medicine
PO Box 670582

Hoxworth Blood Center
PO Box 670055

Internal Medicine
PO Box 670534

Molecular and Cellular Physiology
PO Box 670576

Molecular Genetics, Biochemistry and
Microbiology
PO Box 670524

Multidisciplinary Electives (23-03)
c/o Registrar
Office of Student Affairs
PO Box 670552

Neurology
PO Box 670525

Neurosurgery
PO Box 670515

Ob/Gyn
PO Box 670526

Ophthalmology
PO Box 670527

Orthopaedics
PO Box 670212

Otolaryngology
PO Box 670528

P M & R
PO Box 670530

Pathology
PO Box 607529

Pediatrics*
3009 Medical Student Education
CCHMC
BN5.553
3333 Burnet Ave.
Cincinnati, OH 45229

Psychiatry
PO Box 670559

Radiology
PO Box 670761

Surgery
PO Box 670558