



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
 School of Medicine™

Visiting Student Elective Application

PLEASE PRINT LEGIBLY

SECTION I: TO BE COMPLETED BY APPLICANT. **Use a separate application for each elective.

Name: _____ SSN: _____
 (Last) (First) (Middle)

Address: _____ Phone: _____
 Street Address City/State Zip

Elective Title: _____ Campus (Circle One): Amarillo El Paso Lubbock Permian Basin

Dates Desired: _____ (Alternate Dates): _____

Medical School: _____ Graduation Date: _____ (mm/dd/yy)

 Applicant's signature

 Applicant's e-mail address

SECTION II: TO BE COMPLETED BY THE APPLICANT'S MEDICAL SCHOOL DEAN OR DESIGNEE:

I hereby certify the above named student is/will be a 4th year in good academic standing at this institution and is approved to complete an elective at this institution : Yes No

I hereby confirm the student will have completed the core clerkships of Family Medicine, Internal Medicine, OB/Gyn, Pediatrics, Psychiatry, and Surgery before the elective begins. Yes No

The student has been instructed in safety and precautions for infection control within the past 12 months. Yes No

The student has completed HIPAA training. Yes No

The student has passed a criminal background check. Yes No

The student will pay tuition at his/her home school during the period indicated. Yes No

Professional liability coverage (\$25,000/\$75,000) will be in effect for the student during this elective time. Yes No

Personal health insurance will be in effect during this elective time. Yes No

The student is current on all required immunizations/titers. Yes No

At the conclusion of the elective, an evaluation will be required. (Please bring evaluation with you and give to evaluating attending.) Yes No

Approved by: _____ Typed Name: _____

Title of approving official: _____ Date: _____ (mm/dd/yy)

E-mail: _____

Name of School: _____

Address: _____ Phone: _____

SECTION III: TO BE COMPLETED BY THE TTUHSC SCHOOL OF MEDICINE OFFICE OF STUDENT AFFAIRS

Approved by: _____ Date: _____ (mm/dd/yy)

ELECTIVE IS NOT APPROVED BY: _____ Date: _____ (mm/dd/yy)

RETURN THE COMPLETED APPLICATION TO THE ADDRESS LISTED FOR THE REQUESTED CAMPUS. YOU SHOULD RECEIVE AN E-MAIL RESPONSE WITHIN 3 WEEKS AFTER SUBMITTING YOUR APPLICATION (beginning after May 15).