

**Section I: To Be Completed by the Student and Dean's Office of Student's School. All Copies Should Be Sent to the Above Address.**

Name: \_\_\_\_\_ Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Year: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Student's Soc Sec #: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
 Student's Phone #: \_\_\_\_\_ Student's email address: \_\_\_\_\_  
 Total amount of time planned at the UT College of Medicine Chattanooga: \_\_\_\_\_ (Circle one) Weeks Months

ELECTIVE(S) APPLYING FOR	DEPARTMENT	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION II: DEAN'S OFFICE, STUDENT'S SCHOOL (Attach copies of documentation of all items noted below.)**



This student is currently in good standing in the \_\_\_\_\_ year at this institution and is authorized to take this elective. The student has been immunized against measles and rubella, completed the hepatitis b vaccine series, and has taken a TB skin test within the past year. The student has malpractice insurance (\$1M / \$3M) and personal health insurance coverage which is in effect while the student is away from this institution. The student is certified in CPR and has had a recent background check (at their matriculation or more recently). The student has had HIPAA training. Has the student taken and passed USMLE Step 1? Y\_\_\_ N\_\_\_ COMLEX I? Y\_\_\_ N\_\_\_  
 Enter score: \_\_\_\_\_. Enter date taken and passed: \_\_\_\_\_.

Should an evaluation report be required at the end of the elective experience, a request will be sent to the appropriate UT departmental office.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**SECTION III: DEPARTMENTAL OFFICE, UT COLLEGE OF MEDICINE CHATTANOOGA:**  
 APPROVED: CHAIR \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The student should report to (With more than one elective approved, the following should be completed for the first elective only.)

Person: \_\_\_\_\_  
 Place: \_\_\_\_\_  
 Time: \_\_\_\_\_

**SECTION IV: DEAN'S OFFICE, UT, MEMPHIS, COLLEGE OF MEDICINE**

Approved: \_\_\_\_\_  
 Date \_\_\_\_\_ Office of Academic and Faculty Affairs  
 College of Medicine, University of Tennessee Health Sciences Center (Memphis)

- Distribution:  
 Original Office of Academic and Faculty Affairs (UTHSC Memphis)  
 Copy Office of Medical Education (UTCOM Chattanooga) 800-947-7823, ext. 7442. (Phone) 423-778-7442. (Fax) 423-778-3673.  
 Copy Departmental Office (UTCOM Chattanooga)  
 Copy Student's School