

Section I: To be completed by the Student and the Students Dean's Office. All copies should be sent the address above.

Name: _____ Medical School: _____

Address: _____ Address: _____

Year: _____ School Contact Name: _____

Student's Soc Sec #: _____ School Contact Phone: _____

Student's Phone #: _____ School Contact Email: _____

Student's Email: _____ Total Time in Chattanooga: _____ Weeks _____ Months

Do you need housing at the apartments leased by Erlanger (Autumn Brook Apts in Hixson): ___ Yes ___ No

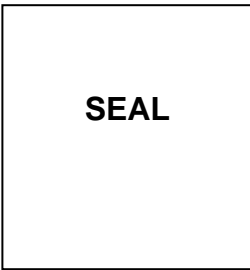
ELECTIVE(S) BEING REQUESTED BY STUDENT	DEPARTMENT	DATES:
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#1: _____	_____	_____
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#2: _____	_____	_____
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#3: _____	_____	_____
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SECTION II: Student's Dean's Office (Attach copies of documentation of all item 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 the home school. The student is certified in CPR and has had a recent background check (at matriculation or more recently). The student has completed HIPAA training.

Has the student taken and passed USMLE Step 1? ___ Yes ___ No

COMLEX 1? ___ Yes ___ No

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.

SECTION III: Departmental Office, UT College of Medicine Chattanooga

APPROVED: Elective Director or Dept Chair

Department

The student should report to the following for the first elective:

Person: _____

Place: _____

Date and Time: _____

Section IV: Approval - Dean's Office, UT College of Medicine

Date: _____ Associate Dean, UTCOM Chattanooga: _____

Date: _____ Associate Dean, Academic Affairs, UTCOM Memphis: _____

Distribution: Original to Office of Academic Affairs, UTCOM Memphis

Copies to Office of Medical Education, UTCOM Chattanooga (Phone: 423-778-7442, Fax: 423-778-3673; Email: GME@erlangerg.org)

Copies to Departmental Office, UTCOM Chattanooga, and to the Student's Contact Office.