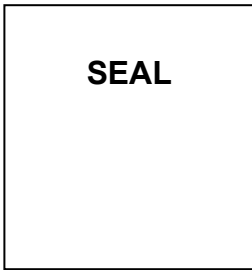


**SECTION I: TO BE COMPLETED BY THE STUDENT AND THE DEAN'S OFFICE OF STUDENT'S SCHOOL. ALL COPIES SHOULD BE RETURNED TO THE ABOVE ADDRESS.**

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

ELECTIVE(S) BEING REQUESTED BY STUDENT	DEPARTMENT	DATES:
#1: _____	_____	_____
#2: _____	_____	_____
#3: _____	_____	_____

**SECTION II: DEAN'S OFFICE, STUDENTS SCHOOL (ATTACH COPIES OF DOCUMENTATION FOR 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 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.

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

**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 CHATTANOOGA**

Date: \_\_\_\_\_ Associate Dean, UTCOM Chattanooga: \_\_\_\_\_  
 Date: \_\_\_\_\_ Office of Medical Education, UTCOM Memphis: \_\_\_\_\_