



**DEPARTMENT OF UNDERGRADUATE MEDICAL EDUCATION
APPLICATION FOR M4 STUDENT ELECTIVE**

MEDICAL STUDENTS (Please fill out boxed sections below)	
Elective:	
Elective Attending Physician:	
Rotation Time Requested (date):	
Name:	
Mailing Address:	
City/State:	ZIP
Social Security Number:	DOB:
Place of Birth –City/State:	
Telephone (Day):	Telephone (Evening):
Name of Medical School	
Is your school *AOA _____ or **LCME _____ accredited (Please check one).	
Anticipated date of graduation:	
Have you ever been convicted of, been fined and/or sentenced for any criminal offense (misdemeanor or felony), or have you ever pleaded guilty or “no contest” to any criminal offense (misdemeanor or felony?) Y___ N___	
If yes, where and disposition: _____	
Have you passed USMLE / COMLEX Step 1? N _____ Y _____ SCORE: _____	

**Please provide the following documentation before elective can be approved by DME:

- Liability Coverage with Bond rating of at least B+.
- Immunization Records
- Verification of enrollment in medical school
- Academic status-letter from Dean or designee

ELECTIVE ATTENDING: _____ APPROVED: YES _____ NO _____

ATTENDING SIGNATURE : _____ **DATE:** _____

SR. DIRECTOR OF MEDICAL EDUCATION: APPROVED: YES _____ NO _____

DAVID J. GEMMEL, PhD
SR. DIRECTOR OF MEDICAL EDUCATION &
RESEARCH DEVELOPMENT

DATE

* AOA – American Osteopathic Association

** LCME – Liaison Committee on Medical Education is the nationally recognized accrediting authority for medical education program leading to the M.D. degree in U.S. and Canadian medical schools. The LCME is sponsored by the Association of American Medical Colleges and the American Medical Association. (<http://www.lcme.org/directry.htm>).