Non-VSAS Extramural Application Processing Form

Student Name: _____________________________________________________________

Elective Location: _____________________________________________________________

Elective & Dates: _____________________________________________________________

Contact Person & Email at Location: ________________________________________________

Student MUST provide and return the following materials to Rose Calcagno in the Reg & Rec Office:

_________ 1) Loyola’s Extramural Application (attached)

_________ 2) Extramural Institution’s Application

_________ 3) Proof of Personal Health Insurance (front & back– we can make the copy for you)

_________ 4) Immunization Records*

*Please note the other school may have its own immunization form that they require that you complete. If not, you should print out your immunization info from your medical record in EPIC – either the Immunizations or Media tab. Or, if your immunizations are not in EPIC, please supply a copy from your own files at home.

Student Affairs will provide a Good Standing Letter stating the following:

✓ you are in good standing
✓ you have completed OSHA & HIPAA training
✓ you are covered by liability insurance
✓ you have a current BLS certificate (if copy of card is needed, you must supply it)
✓ you have passed Step 1
✓ you had a criminal background check in 1st year (if needed within the last 12 months, YOU must provide this) [Students in the past have used QualifiedFirst, Certiphi, etc.]

If these documents are requested by the institution, please mark an X in front of the required item and we will include them in your application:

______ Transcript (student must sign bottom of form for transcript request to be valid)       ________ Photo

If any of the following documents are needed, YOU must supply them for your application packet. Please mark an X on all that are needed:

__________ Application Fee (Amount: ______)  __________ Board Scores

__________ Curriculum Vitae    __________ Personal Statement

__________ Faculty Letter of Recommendation                   Faculty Member: _________________________

__________ Course Description (required for ANY individually designed elective)

__________ Additional documents not listed: ________________________________________________

Student Signature:________________________________________________Date:____________________

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HOW TO APPLY FOR A non-VSAS EXTRAMURAL ELECTIVE

Contact Person: Rosemary Calcagno, Registration & Records, SSOM Rm. 220
Email: realcag@luc.edu; Phone: 708-216-3222

Authorizing Dean: Assistant Dean Beth Sonntag, Student Affairs
All extramural applications must be approved by Dean Sonntag prior to their transmittal to the extramural host school.

It is expected that you have discussed your elective program, content, location and career plans with your faculty advisor and specialty mentors.

All steps of the official registration process for an extramural elective must be completed at least two weeks prior to the start date of any extramural course.

1) If you plan on doing an away rotation that is not on VSAS, you MUST complete the purple packet and return it to our office (Registration & Records, Room 220).

2) Submit this application and required materials (see cover page) to Rosemary Calcagno, Registration & Records Office, Room 220.

3) Completed applications MUST be approved by Dean Sonntag. Once approved, Rose will send the application to the institution and a notification will be sent to you.

4) If the visiting school approves your rotation, they MUST complete Section III of the Loyola Extramural Application and fax it back to our office at 708-216-8151. If the school sends you a letter or email approving the rotation, this information MUST be forwarded to us immediately to: jsteinecker@luc.edu in order to add the course to your schedule.

It is the student's responsibility to ascertain that his/her paperwork is complete in Registration & Records at Loyola before beginning the extramural rotation.

CANCELLATION OF AN EXTRAMURAL ELECTIVE

If a student wishes to cancel an approved elective, he/she must inform the extramural institution in writing and notify Julie Steinecker in Registration & Records (jsteinecker@luc.edu) to remove the course from his/her schedule.

Cancellations should be made as far ahead of time as possible but absolutely no later than one month prior to the start of the elective.

ELECTRONIC APPLICATIONS (OTHER THAN VSAS)

A few schools (e.g., Mayo Clinic) require you to complete an online extramural application. You should submit all other necessary documentation to Registration & Records prior to completing the online application. No electronic approvals will be given until we have received your other application materials (including the Loyola application form).

Failure to comply with the regulations governing extramural electives & their registration may result in denial or revocation of permission for the rotation.
APPLICATION FOR NON-VSAS EXTRAMURAL ELECTIVE CLERKSHIP

SECTION I: TO BE COMPLETED BY THE STUDENT: Please print

Name: ____________________________

Phone #: __________________________ Email: __________________________

Elective clerkship requested: ____________________________________________

Requested dates of rotation: ___________________________ To ___________________________ # of weeks ______

Please indicate how application should be sent: _____email _____fax _____ mail

*Name of Coordinator: ___________________________ * Email: ___________________________

*Department/Institution: ___________________________

Institution Address: ___________________________

*Phone: ___________________________ Fax: ___________________________

*MANDATORY

Check all required clerkships that have been or will be completed prior to this elective:

- Medicine (8 wks)          - Subinternship-ICU (4 wks)
- Surgery (8 wks)           - Subinternship Wards (4 wks)
- Family Medicine (6 wks)   - Emergency Medicine (4 wks)
- Psychiatry (6 wks)        - Neurology (4 wks)
- Pediatrics (6 wks)        -                         
- Ob/Gyn (6 wks)            -                         

List all electives that have been or will be completed prior to this elective. Indicate hospital and location where elective was taken.

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<th>Elective</th>
<th>Location</th>
<th>Weeks</th>
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SECTION II: LOYOLA-STRITCH APPROVAL

The medical student named above is in good standing at this institution and will pay tuition at Loyola-Stritch during the period indicated. Liability insurance covers the student away from our school. Students are expected to have health insurance coverage and are responsible for purchasing coverage. Approval is given to take this elective for credit. At the conclusion of the elective, an evaluation is required.

Beth Sonntag, Assistant Dean

Office of Student Affairs, Loyola-Stritch

Title

Date: ___________________________

THIS SECTION MUST BE COMPLETED AND RETURNED TO OUR OFFICE BY FAX (708-216-8151) OR EMAIL (SSOMREGREC@LUC.EDU) FOR THE STUDENT TO RECEIVE CREDIT.

SECTION III: TO BE COMPLETED BY THE ELECTIVE COORDINATOR OR SUPERVISOR:

The application is not approved.

Elective Title: ___________________________

Inclusive Dates of Rotation: ___________________________ to ___________________________ # Wks: ___________________________

Course Supervisor: ___________________________ NAME ___________________________ TITLE ___________________________

Send evaluation form to:

NAME ___________________________ DEPARTMENT ___________________________ EMAIL ___________________________

ADDRESS ___________________________ CITY, STATE, ZIP CODE ___________________________

Signature: ___________________________ ELECTIVE COORDINATOR OR SUPERVISOR ___________________________ DATE ___________________________

PLEASE NOTE: GRADES ARE DUE TO LOYOLA-STRITCH REGISTRAR’S OFFICE TWO WEEKS AFTER THE ELECTIVE CONCLUDES.

RETURN COMPLETED REGISTRATION FORM TO THE LOYOLA-STRITCH REGISTRAR.