

Division of Clinical Education, 2900 Queen Lane, Philadelphia, PA 19129-1096
Supplemental VSAS Application for 4th Year Clinical Elective by a Visiting Student

INSTRUCTIONS:

1. Complete this application. No modifications may be made.
2. Complete [AAMC Standardized Immunization Form](#) (do not include copies of records unless requested)
3. Documentation of malpractice insurance in the amount of \$1 million per occurrence and \$3 million aggregate must be provided
4. Copy of health insurance (front and back of health insurance card) must be provided
5. Follow VSAS instructions for supplemental documentation requested.
6. Please upload this application to VSAS. Faxed documents will not be accepted unless directed by the Division of Clinical Education.

Section 1. To be completed by the student.

STUDENT'S NAME	PHONE ()	E-MAIL
COMPLETE MAILING ADDRESS		

NOTE TO APPLICANT: Applications will not be processed until after DUCOM students have been scheduled (May 1st). Housing is not provided. Meals may be purchased in the hospital cafeteria. Six-weeks notice is required for dropping an approved elective. Elective fees are non-refundable for confirmed rotations.

Section II: To be completed by the Dean's Office at the Applicant's School (No modifications may be made to wording in this section**)**

Name of Student's Medical School:					
Student's Medical School Address:					
At the time of the elective, the student will be in the _____ year of a _____ year curriculum.					
At the conclusion of the elective a report/evaluation		<u>will</u>		<u>will not</u>	be required.
<i>I certify all of the above and that</i>					
a. the student is in good standing and has not been the subject of any non-academic disciplinary action while enrolled in our medical school, and					
b. Professional liability insurance in amounts not less than \$1 million per occurrence and \$3 million aggregate will be in effect while the student is participating on rotation (documentation required), and					
c. Personal health insurance will be in effect while the student is participating in the elective (documentation required), and					
d. Our medical school will take financial responsibility for any reasonable accommodations required by our student if s/he has a documented disability and requires such accommodation services, and					
e. Our medical school shall defend, indemnify, and hold harmless the student's assigned clinical training sites and Drexel University College of Medicine, their faculty, students, employees and agents from and against any and all claims, losses, liabilities, or expenses of any type whatsoever to the extent that such may arise due to the student's negligent or intentional acts or omissions while participating in the elective.					
Name (printed), Title and Signature of Dean of Students or Designee					Date
Telephone()			Facsimile()		