



# Visiting International Medical Student Application

*\*Elective rotation only; Clerkships are not available to international students*

### Instructions to the applicant:

- Print or type all information requested in Section 1 & 2 **\*\*Please Print Clearly\*\***
- Obtain signature from the Dean of your Medical School - Section 3
- All applications **MUST** be received and approved prior to your arrival. Requests for extensions while on campus cannot be accommodated.

### Include the following:

- Curriculum Vitae
- Letter of Good Standing
- USMLE Step 1 Scores (if available)
- Proof of Personal Health Insurance
- School Transcripts
- Immunization Records (see page 3 of application)
- Copy of VISA

Have this completed application with all appropriate signatures, letters, and paperwork returned to:

**UGME Specialist**  
**Medical Education Office**  
**2799 West Grand Blvd**  
**Clara Ford Pavilion, B-046**  
**Detroit, MI 48202-2689**  
[Jmoore7@hfhs.org](mailto:Jmoore7@hfhs.org)

## SECTION 1 – Demographics and Prerequisites

<b>Name</b>	
<b>Address</b>	
<b>Address (Line 2)</b>	
<b>Medical School</b>	
<b>Graduation Date</b>	
<b>Gender</b>	
<b>Date of Birth</b>	
<b>Social Security #</b> <i>(if applicable)</i>	
<b>Phone Number</b>	
<b>Email Address</b>	

**Please note the number of weeks you have completed in each clinical rotation:**

Family Practice \_\_\_\_ Medicine \_\_\_\_ Neuro \_\_\_\_ OB/Gyn \_\_\_\_ Pediatrics \_\_\_\_ Psychiatry \_\_\_\_ Surgery \_\_\_\_

## Requested Rotations

(NOTE: Internal Medicine and sub-specialties cannot accommodate students from non-affiliated Medical Schools)

Have you rotated at Henry Ford before? \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Rotation Department**

**Dates Requested**

Rotation Department	Dates Requested

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## SECTION 2 – Additional Information

**Housing:** If applying for housing you must also complete and return the housing application to the Housing Coordinator.

\*For more housing information and to apply online please go to <https://www.henryford.com/hcp/med-ed/ugme/housing/apply-request>.

Are you requesting housing? \_\_\_\_\_ Yes    \_\_\_\_\_ No

### Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Have you considered applying to a residency program at HFHS?** \_\_\_\_\_ Yes    \_\_\_\_\_ No

If Yes, which programs? \_\_\_\_\_

\_\_\_\_\_

If No, why not? \_\_\_\_\_

\_\_\_\_\_

**SECTION 3 – To be completed by the Dean of your Medical School**

I approve the above rotation and verify that this MEDICAL STUDENT will receive medical school credit for elective(s) during his/her rotation at HFH. I further verify that this MEDICAL STUDENT is in good standing at:

(School Name) \_\_\_\_\_

and has an anticipated graduation date of \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone: (        ) \_\_\_\_\_ Email: \_\_\_\_\_

**Required Immunizations**

*Students must provide a copy of the following immunizations before starting a visiting rotation.*

- Diphtheria/Tetanus - booster within ten (10) years (suggested, not mandatory)
- Rubella live virus vaccination or positive titer
- Mumps live virus vaccination or a positive titer
- Completed series of Hepatitis B vaccination or a positive titer (suggested, but not mandatory)
- Tuberculin-skin test within the last 12 months of rotation end date (Mantoux). TINE NOT ACCEPTED
- Varicella/Chicken pox titer (blood drawn and documented)
- Flu shot if rotation falls within official flu season (December 1<sup>st</sup> through May 1<sup>st</sup>)

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**Please visit the website at [www.henryford.com](http://www.henryford.com) for more information, including housing information and rates.**