



ROBERT WOOD JOHNSON MEDICAL SCHOOL

University of Medicine & Dentistry of New Jersey

PISCATAWAY / NEW BRUNSWICK: Office of the Registrar 675 Hoes Lane, Room TC-111 Piscataway, NJ 08854-5635 V: (732)235-4565 F:(732)235-5078

CAMDEN: Office of the Registrar 401 Haddon Avenue, Suite 154 Camden, NJ 08103-1506 V:(856)757-7859 F:(856)968-6205

APPLICATION FOR OFF-SITE ELECTIVE

PART 1 (To be completed by Student):

Print Name: ID# Mailing Address: E-mail Telephone:

Optional: Ethnicity (check one): Hispanic or Latino Neither Hispanic nor Latino Do Not Wish to Respond Race (select one or more): Black or African American White American Indian or Alaskan Native Hawaiian/Other Pacific Islander Asian Do Not Wish to Respond

Specific elective for which application is being made:

Title: Course # - (ie:MED-0011)

\*\*Alternative choices for this same time/date slot may be listed on the back of this page.\*\*

UMDNJ Course Director's Name UMDNJ Course Contact's Name Tel. # Inclusive dates of elective: to or to Signature of student: Date:

Part II (To be completed by Dean of Students of the medical school where student is enrolled):

The medical student named above is in good standing and currently enrolled as a year student at Medical School where the student will pay tuition. Malpractice insurance covers the student away from our school. Personal health coverage is in effect away from our school. A written evaluation of the student's performance (will) (will not) be required. (If required, student will submit evaluation to the department.) Students are required to have completed core clinical rotations in Family Medicine, Pediatrics, Obstetrics/Gynecology, Psychiatry, Surgery and Medicine before they can take 4th year electives at Robert Wood Johnson Medical School. The student has received and completed HIPAA (Health Insurance Portability and Accountability Act) training, The student has been instructed in safety measures and infection control precautions.

NAME OF SCHOOL OFFICIAL ADDRESS OF SCHOOL OFFICIAL Signature: Print Name: Title: Telephone #: Date:

Part III (To be completed by Registrar at UMDNJ)

Admission of the medical student named above to the elective for the period specified above is:

- Approved. Student will receive a reminder four weeks prior to start of elective. Not approved. Reason: Incomplete Application Dates requested do not match our Time Block dates Immune Status Form requirement not satisfied Course requested is full.

Signature: Registrar, Robert Wood Johnson Medical School-UMDNJ Date:

\*\*Students must telephone elective contact at least one week before the start of the rotation for time and place of reporting. The application is comprised of 4 forms: APPLICATION FOR OFF-SITE ELECTIVE, CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM with \$85.00 check, VISITING STUDENT'S IMMUNE STATUS AND ESSENTIAL FUNCTIONS. \*\*\*\*\* Only upon receipt of all completed forms will student's request be considered \*\*\*\*\*