



HOW TO APPLY FOR A NON-VSLO EXTRAMURAL ELECTIVE

Contact: Registration & Records, SSOM Rm. 220 Email: SSOMRegRec@luc.edu; Phone: 464-220-9315

Authorizing Dean: Guadalupe Zarco, Assistant Dean of Student Affairs

All extramural applications must be approved by Dean Zarco 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.

PLEASE NOTIFY US IMMEDIATELY IF THE SCHOOL REQUIRES AN AFFILIATION AGREEMENT.

- 1) Students who plan on completing an away rotation that is not listed in VSLO MUST complete the non-VSLO application (formerly Purple Packet) and submit it to Registration & Records, Room 220; SSOMRegRec@luc.edu.
- 2) Completed applications MUST be approved by Dean Zarco. Once approved, Registration & Records will send the application to the institution and the student will be notified.
- 3) If the visiting school approves the rotation, they MUST complete Section III of the Loyola Extramural Application and either fax (7) or email (SSOMRegRec@luc.edu) it back to our office. If the school sends the student confirmation approving the rotation, this information MUST be sent immediately to: SSOMRegRec@luc.edu in order for the rotation to be added to the student schedule.
- 4) Evaluation forms are not given to students. Once students have been approved for the rotation, please forward us the contact info and email address where we can forward your evaluation form. *Per Academic Policy, any family member/relative (including non-blood relations) of the student cannot serve as the evaluative supervisor on an elective.*

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

_____ please initial that you have read the above and understand its contents

CANCELLATION OF AN EXTRAMURAL ELECTIVE

If a student wishes to cancel an approved elective, they must inform the extramural institution in writing and notify Registration & Records (SSOMRegRec@luc.edu) to remove the course from their schedule. These 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.**

_____ please initial that you have read the above and understand its contents

ELECTRONIC APPLICATIONS (OTHER THAN VSLO)

A few schools (e.g., Columbia) 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).

_____ please initial that you have read the above and understand its contents

Failure to comply with the regulations governing extramural electives & their registration may result in denial or revocation of permission for the rotation.

Form continued on following pages.

Non-VSLO Extramural Application Processing Form

Student Name: _____

Elective Location: _____

Elective: _____

Elective Dates: 1st choice: _____ 2nd choice: _____ 3rd choice: _____

Contact Person & Email at Location: _____

PLEASE NOTIFY US IMMEDIATELY IF THE SCHOOL/HOSPITAL YOU ARE APPLYING TO REQUIRES AN AFFILIATION AGREEMENT.

Student **MUST** provide and return the following materials to Registration & Records (SSOMRegRec@luc.edu) for their application packet:

- _____ 1) Loyola's Extramural Application (attached)
- _____ 2) Extramural Institution's Application (if applicable)
- _____ 3) Proof of Personal Health Insurance (front & back – we can make the copy for you)

We will automatically include, with the application, 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 USMLE Step 1
- ❖ you had a criminal background check when you matriculated in your 1st year (if needed within the last 12 months, YOU must provide this) [Students in the past have used Criminal Watchdog, Certiphi, etc.]

If the following information needs to be sent with the application, please check the required item(s) and we will provide them in your application packet:

_____ Transcript _____ Certificate of Insurance (COI) _____ Photo

The following items may be needed after you are accepted. If so, YOU must supply them to the institution. If they would like them prior to your acceptance, please forward the items to us and we will send them with the packet.

Please mark an **X** on all that are needed:

- _____ Immunization & Titer Records
- _____ 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: _____

Loyola University Chicago Stritch School of Medicine
Office of Registration & Records

Room 220, Building 120
2160 South First Avenue, Maywood, IL 60153

Telephone: (464) 220-9315
Fax: (464) 223-2167
Email: ssomregrec@luc.edu

APPLICATION FOR NON-VSLO EXTRAMURAL ELECTIVE CLERKSHIP

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

Name: _____

Phone #: _____ Email: _____

Elective clerkship requested: _____
COURSE # TITLE

Requested dates of rotation: _____ To _____ # of weeks _____

Please indicate how application should be sent: _____ email _____ fax

*Name of Coordinator: _____ * Email: _____

*Department/Institution: _____

Institution Address: _____

*Phone: _____ Fax: _____

***MANDATORY**

<p>Check all required clerkships that have been or will be completed prior to this elective:</p> <p><input type="checkbox"/> Medicine (8 wks) <input type="checkbox"/> Subinternship-ICU (4 wks)</p> <p><input type="checkbox"/> Surgery (8 wks) <input type="checkbox"/> Subinternship Wards (4 wks)</p> <p><input type="checkbox"/> Family Medicine (6 wks) <input type="checkbox"/> Emergency Medicine (4 wks)</p> <p><input type="checkbox"/> Psychiatry (6 wks) <input type="checkbox"/> Neurology (4 wks)</p> <p><input type="checkbox"/> Pediatrics (6 wks)</p> <p><input type="checkbox"/> Ob/Gyn (6 wks)</p>	<p>List all electives that have been or will be completed prior to this elective. Indicate hospital and location where elective was taken.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Elective</th> <th style="width: 15%;">Location</th> <th style="width: 15%;">Weeks</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Elective	Location	Weeks															
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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.

Guadalupe Zarco,
Assistant Dean of Student Affairs

Date: _____

Office of Student Affairs, Loyola-Stritch

Title

SECTION III: MANDATORY

TO BE COMPLETED BY THE ELECTIVE COORDINATOR OR SUPERVISOR OF VISITING SCHOOL. IF STUDENT IS ACCEPTED TO THIS ROTATION, PLEASE COMPLETE AND RETURN THIS FORM TO LOYOLA-STRITCH SCHOOL OF MEDICINE REGISTRATION & RECORDS OFFICE BY FAX: 464-223-2167 OR EMAIL:

[SSOMREGREC@LUC.EDU](mailto:ssomregrec@luc.edu).

Elective Title: _____

_____ to _____ # Wks: _____

Course Supervisor: _____

NAME TITLE

Send evaluation form to:

NAME DEPARTMENT EMAIL

ADDRESS CITY, STATE, ZIP CODE

Signature: _____

ELECTIVE COORDINATOR OR SUPERVISOR DATE