

# UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL (UMMS)

## VISITING STUDENT ELECTIVE GUIDELINES

Note: This form is only for students from Canadian Medical Schools who are not participating members of VSAS.

Thank you for your interest in the University of Massachusetts Medical School and/or our affiliated hospitals. We invite fourth year medical students attending Allopathic and Osteopathic accredited medical schools in the USA, Canada and Puerto Rico to apply for our wide range of electives.

### ELECTIVE INFORMATION

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- UMass electives are offered in four-week blocks of time. A maximum of 2 four-week electives [8 weeks] are allowed per student each academic year.
- The approved Elective Calendar is posted on our website at: [www.umassmed.edu/studentaffairs/electives/visiting.aspx](http://www.umassmed.edu/studentaffairs/electives/visiting.aspx)
- **UMass will begin accepting applications on March 1<sup>st</sup>; however, applications will not be considered until April 1<sup>st</sup> of each academic year.** Priority in scheduling electives is given to UMass students until April 1<sup>st</sup> of each academic year. All applications received before April 1<sup>st</sup> will be kept on file and processed in the order in which they were received.
- Elective applications should be submitted at least eight weeks before the start date of the requested elective.
- Elective Applications must be processed through the Office of Student Affairs to receive credit.

### ELECTIVES OFFERED / ADMINISTRATIVE FEE

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- A list of all UMass electives can be found at: [www.umassmed.edu/studentaffairs/electives/list.aspx](http://www.umassmed.edu/studentaffairs/electives/list.aspx)
- **May Electives are not offered to Visiting Students.**
- **A \$65 non-refundable administrative fee is assessed for each approved elective.** Payment should be made payable to 'UMMS Electives' and is expected within ten **10** days of the elective being accepted.

### VISITING STUDENTS FROM CANADIAN MEDICAL SCHOOLS

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To file an Application please use the UMMS Visiting Student Application found on our website.

**Complete Section I of the UMMS Visiting Student Application** and forward it to your Home School Official for completion and School Seal.

**Your application must include the following:**

- Letter of Good Standing from your Dean of Students or Registrar addressed to Michael Kneeland, M.D.
- Malpractice Insurance/Liability Insurance Limits. (Can be included in Letter of Good Standing or include a copy of your malpractice insurance certificate.) Malpractice/Liability Insurance minimums are \$1 million per occurrence / \$3 million aggregate:
- Verification of Passing USMLE Step 1 or COMLEX level 1. (Can be included in the Letter of Good Standing)
- Verification of HIPAA & OSHA Training. (Can be included in the Letter of Good Standing.)
- Verification of Health Insurance (Can be included in the Letter of Good Standing or include a copy of your personal health insurance card.)
- Official Transcript
- CV
- Photo
- A completed UMMS Visiting Student Immunization Record Form, including lab reports documenting proof of immunity to Measles, Mumps, Rubella, Varicella/Chicken Pox and Hepatitis B. Student should also include an updated TST Mantoux Tuberculin skin test (TST) within 6 months of elective end date or in place of the TST students can include an updated TB Blood test such as QuantiFERON Gold or T-SPOT test within 1 year of elective end date. Additional requirements are on the form. Download from the Right hand Navigation Bar.
- Signed Blood-Borne Pathogen (BBP) Infection Policy Statement Form
- MD students are required to include Step 1 scores for Anesthesiology, Emergency Med (EM) and Pedi electives.
- DO students are required to include Step 1 or Level 1 COMLEX scores for EM and Pedi electives. Both Step 1 and Level 1 COMLEX scores must be included for Anesthesiology electives.
- Students requesting Family Health Center Based Sub-I (FC-423) or Family Medicine Office Sub I (FC-450) must fill out a Student Info & History form and include it with their application. Download forms at [UMMS Family Medicine Elective Descriptions](#). Each elective has its own form.

## APPLICATIONS APPROVED FOR AN ELECTIVE

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You will be sent an e-mail elective offer containing your approved elective's report to information.

This offer will be valid for five [5] business days. You will be required to 'accept' this offer before the deadline, or the offer will expire.

## APPLICATIONS **NOT** APPROVED FOR AN ELECTIVE

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We make every effort to accommodate elective requests; however, there are occasions when applications cannot be honored. If your elective was not approved, you will be notified by e-mail with an explanation of why your application was denied.

## CANCELLATIONS

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Students unable to report to their approved elective, must e-mail Janice M. Robert [Janice.Robert@umassmed.edu](mailto:Janice.Robert@umassmed.edu) at least 8 weeks prior to the start date of the elective.

Students who have accepted an approved elective are expected to honor their commitment for the entire duration of the elective. On rare occasion, a student may need to request a change to their schedule. This request must be received by OSA at least 8 weeks prior to the start date of the elective with a valid reason for the request noted. Failure to do so may result in the student's Dean being notified.

## HOUSING

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UMMS does not provide housing; however, we often have information on available sublets. If you'd like a copy of this information, please e-mail [Janice.Robert@umassmed.edu](mailto:Janice.Robert@umassmed.edu).

Please note, UMMS does not endorse or verify information on sublets, this information is provided as a courtesy only.

## EVALUATION FORMS

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Please give a copy of your school's Evaluation Form directly to the Coordinator or Director of the approved elective. The Office of Student Affairs does not handle evaluations.

## PICTURE ID BADGES & PARKING

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**UNIVERSITY CAMPUS ID BADGES:** Once you arrive on campus, you will need to park in the visitor's South Road parking garage. Visiting Students should first report to their elective department or contact person. Then arrange to go to the **PARKING AND ACCESS CONTROL OFFICE** located in the First Road Parking garage Level 1 to obtain a Picture ID badge and/or parking tag. ID badges cost \$10. Please fill out the ID Badge/Parking form before going to Public Safety.

**UNIVERSITY CAMPUS PARKING:** Parking on campus for 4 weeks is \$32 or \$8 per week payable only with cash or check. Visiting students are assigned parking in the Plantation Street Parking Garage which is a 1/4 mile from the main campus. Students can either walk the 6 to 8 minutes to the main campus or they can take the shuttle. Plantation Street shuttle buses will run every 7 to 10 minutes from the garage to the Third Road shuttle drop off, weekdays from 5:30 am to 9:00 pm.

Only visiting students with schedules that do not coincide with the shuttle schedule will be allowed to park in the Pine Tree parking lot. See University Campus map. All employees and students are allowed to park on campus after 5 p.m. Monday through Friday and anytime on weekends and holidays.

**AFFILIATED SITES:** **For information regarding ID Badges and parking accommodations at affiliated sites**, please check with your elective coordinator. Additional information about parking and ID badges at our affiliated sites can also be found in the Visiting Student Orientation Book located in the right hand navigation bar.

## Mail completed applications to:

Janice M. Robert, Office Student Affairs  
University of Massachusetts Medical School  
55 Lake Avenue North, Room S1-131  
Worcester, MA 01655-0132



# Canadian Visiting Student Application

## University of Massachusetts Medical School

### COMPLETED BY STUDENT

Please complete one application for each elective you are requesting. Visiting students can only take two electives per academic year. Arrange your elective choices, for each site or date, in order of preferred assignment. While we try to accommodate student's preferences, we cannot guarantee that an elective opening will be available for assignment.

Please print:

Name: \_\_\_\_\_  
First Middle Last

Street: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_

Please Print:

School's Name: \_\_\_\_\_

School Contact: \_\_\_\_\_  
First Middle Last

Street: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

School's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### List electives choices in order of preference.

(Please use the [visiting student elective calendar's](#) dates. Elective codes can be found on the [Elective List](#).)

Elective Name	Code #	Site	Dates (4 week blocks)	Alternate Dates

### COMPLETED BY STUDENT'S DEAN'S OFFICE OR AUTHORIZED SCHOOL OFFICIAL:

\_\_\_ The above student is currently enrolled as a **4<sup>th</sup> year** medical student and is in good standing at this institution.

\_\_\_ This student will pay tuition during this away elective.

\_\_\_ This student does have personal health insurance. **(copy of current health card or insurance policy attached)**

Malpractice Insurance is \_\_\_ is not \_\_\_ in effect while the student is away from his/her school.  
 (copy of malpractice insurance certificate attached) with Minimums of \$1,000,000 per occurrence/ \$3,000,000 aggregate.

This student has completed HIPAA Training. Date \_\_\_\_\_

This student has completed a program in Universal Precautions (OSHA). Date \_\_\_\_\_

\_\_\_ This student is authorized to take this elective through this office.

Name \_\_\_\_\_ Date \_\_\_\_\_  
please type

Title \_\_\_\_\_ Signature \_\_\_\_\_  
please Type

**School Seal Required**

### UMMS Office of Student Affairs Use Only:

Application Reviewed: \_\_\_\_\_ Date \_\_\_\_\_

PSSA Student ID # \_\_\_\_\_ Entered by \_\_\_\_\_ Date \_\_\_\_\_