



HOW TO APPLY FOR A NON-VSLO EXTRAMURAL ELECTIVE

Contact Person: Rosemary Calcagno, Registration & Records, SSOM Rm. 220
Email: rcalcag@luc.edu; Phone: 708-216-3222

Authorizing Dean: Viviana Villagomez (Martinez) Assistant Dean of Student Affairs

All extramural applications must be approved by Dean Villagomez (Martinez) prior to their transmittal to the 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) If you plan on doing an away rotation that is not in VSLO you **MUST** complete the purple packet and return it to Rosemary Calcagno (Registration & Records, Room 220; rcalcag@luc.edu).
- 2) Completed applications **MUST** be approved by Dean Villagomez (Martinez). Once approved, Rose will send the application to the institution and a notification will be sent to you.
- 3) If the visiting school approves your rotation, they **MUST** complete Section III of the Loyola Extramural Application and either fax (708-216-8151) or email (ssomregrec@luc.edu) it back to our office. If the school sends you confirmation, approving the rotation, this information **MUST** be sent immediately to: ssomregrec@luc.edu in order for the rotation to be added to your schedule.
- 4) Evaluation forms are not given to the students. Once you have been approved for the rotation, please forward us the contact info and email address where we can forward your evaluation form.

It is the student's responsibility to ascertain that his/her 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, he/she must inform the extramural institution in writing and notify Registration & Records (ssomregrec@luc.edu) to remove the course from his/her 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



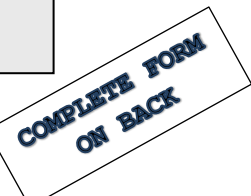
ELECTRONIC APPLICATIONS (OTHER THAN VSLO)

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.



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 Rose Calcagno (rcalcag@luc.edu) in the Reg & Rec Office 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 your application, the 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 QualifiedFirst, Certiphi, etc.]

If the following information needs to be sent with your 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: (708) 216-3222
Fax: (708) 216-8151
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**

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

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.

Viviana Villagomez, 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: 708-216-8151 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