

**Application Form for
Senior Electives**

**Office of Medical Education
College of Medicine
The University of Tennessee Health Science Center
910 Madison Avenue, Suite 1002
Memphis, Tennessee, 38163
901-448-5506 (office) 901-448-1488 (fax)**

SECTION I: To be completed by the student.

Name of Student: _____

Student Phone/Pager: _____

Address: _____

Student email: _____

Student fax: _____

Elective(s) Applying for (Name and Number)

Block Away: _____

Institution: _____

Department: _____

SECTION II: To be completed by Department. The above elective(s) is/are **approved** with the understanding that it is a regularly approved student elective at the institute indicated.

Chair: _____ Department _____ Date: _____

SECTION III: To be completed by the Office of Medical Education. The student is currently in good standing and is expected to complete all core clerkships before doing electives away. Tuition will be paid at UT Health Science Center. Malpractice insurance (\$1/3 million) will be in effect while the student is at another institution. The student has been immunized against measles and rubella, and has been TB skin tested within the past year. The student also has completed HIPAA compliance training and all OSHA requirements. The student has had a recent background check. An evaluation form, which the student will provide, is required at the end of the rotation.

APPROVED:

Office of Medical Education
College of Medicine, The University of Tennessee Health Science Center

SECTION IV: To be completed by the Cooperating Institution:

Elective _____ Department: _____ Date: _____

These electives are regularly approved student electives at this institution. The student should report to:

Person: _____ Place: _____ Date & Time _____

Date: _____ Signature: _____ Name, Title, Address _____
