

BEAUMONT HOSPITAL - DEARBORN

Department of Medical Education

APPLICATION FOR SENIOR ELECTIVE (YEAR IV) NON-AFFILIATED MEDICAL SCHOOL

Please read and complete all information listed below:

APPLICATIONS ARE NOT ACCEPTED OR PROCESSED JUNE 1ST - AUGUST 31ST – NO EXCEPTIONS

NAME:				
ADDRESS:				
CITY:		STATE:		ZIP:
PHONE #:				
E-MAIL ADDRESS:				
LAST 4 DIGITS SS#:				
MEDICAL SCHOOL:				
CIRCLE ONE ELECTIVE:	Critical Care	General Surgery	Infectious Disease	Maternal/Fetal Medicine
DATES OF ROTATION: *	<i>*Rotations begin on the 1st of the month, unless it falls on a weekend or holiday, then the rotation will begin on the next day of business.</i>			

REMINDERS:

1. A **maximum** of 2 Electives per student are permitted. If applying for more than 1 Elective, a separate application must be submitted along with the required documents. ***Copies are not provided.***
2. Applications missing required documents are not processed or returned.
3. **Electives are not guaranteed and can be terminated at any time.**

RECEIVED		REQUIRED DOCUMENTS THAT MUST BE SUBMITTED WITH APPLICATION
YES	NO	A letter from your Medical School stating that you are a student in good standing
YES	NO	A copy of your certificate of liability insurance
YES	NO	A current record of your <i>immunizations</i>
YES	NO	<i>Recent documentation of influenza vaccine – required November – April</i>
YES	NO	Proof of a TB test within the last year
YES	NO	A copy of your picture identification – photographs are not acceptable
YES	NO	USMLE Step I Score of 220 or higher. Applicants with a score below 220 or who have not taken the exam will not be considered.
YES	NO	\$35.00 non-refundable application processing fee – <i>made payable to Beaumont Hospital - Dearborn</i> <i>Mail to: Beaumont Hospital - Dearborn/18101 Oakwood Blvd/Dept. of Medical Education/Attn: Medical Student Coordinator/Dearborn, MI 48123</i>

Please Note: We DO NOT sponsor any Visa's – you must be a permanent resident/U.S. citizen or hold a green card.

The responsible Physician, whether in private practice or within Medical Education, is required to sign below and must also obtain the Program Director's signature.

ALL SIGNATURES MUST BE IN PLACE PRIOR TO THE START OF THE ROTATION.

Responsible Physician's Signature

Program Director's Signature

Director, Medical Student Education

Print Name Here

Print Name Here

Print Name Here

Email or fax completed application & required documentation to:

MedStuInfo@Oakwood.org - fax (313) 436-2071

*****WALK-IN DROP-OFFS NOT ACCEPTED*****

General questions - please call (313) 593-7872