Johns Hopkins University School of Medicine - Office of the Registrar
733 N. Broadway, Suite 147, Edward D. Miller Research Building, Baltimore, Maryland 21205

APPLICATION FOR RESEARCH ELECTIVE

See website for complete listing of electives
http://www.hopkinsmedicine.org/som/students/academics/electives.html

PLEASE PRINT LEGIBLY

Last Name:	First Name:	SSN:
Birth Date (Month/Day/Year):	Telephone:	Gender (circle): Male/Female

Medical School:	Year in program and length of program:
Anticipated date of graduation (Month/Year):	Citizenship:

Mailing Address:
E-mail Address:
Name, telephone, and email of emergency contact person:
Elective Preference (list three):
Dates of Elective:

I have read and understand the provided policies on the visiting student website:
http://www.hopkinsmedicine.org/som/students/policies/visitors.html ______________________________________(Signature)

Payment of registration fee provides access to the University Health Services' student health clinic.

Approval of Student's Medical School

To be completed by Dean of Students or comparable official at medical school where the student is enrolled.

1. **This medical student is in good standing at this institution.** **Yes or No**
2. **Does Malpractice Insurance cover the student while away from their school?** **Yes or No**
3. **Personal Health coverage is in effect while the student is at Johns Hopkins University School of Medicine.** **Yes or No**
4. **The medical student is approved to take this elective for credit.** **Yes or No**
5. **Does the medical student require special accommodations?** **Yes or No**
   (If student requires special accommodations please describe in a separate document)
6. **The student has completed training on universal precautions for the handling of body fluids and sharp instruments. Please provide proof of training.** **Yes or No**
7. **Does your medical school require a criminal back ground check?** **Yes or No**

At the conclusion of the elective, a Johns Hopkins University School of Medicine evaluation will be sent.

Signature, Title and Institution:
Print Name of Official:
Send completed evaluation to following name and address: