

**University of Pennsylvania  
Perelman School of Medicine  
Visiting Student Check List  
(US or Canadian LCME or AOA approved schools)**

Revised 3/2022

**Student Name** \_\_\_\_\_

Students applying for electives must be in their final year of medical school and indicate that the elective is to be taken for credit at the parent institution. All items on this checklist must be submitted at the time of application. **Incomplete applications will not be processed until all documents on the check list are received.**

**PLEASE NOTE:**

**There is a distinction between the Medicine and Radiology residency programs at the Hospital of the University of Pennsylvania (HUP) and Pennsylvania Hospital.**

**MEDICINE:** Apply for HUP electives if interested in the HUP Medicine residency program.

<http://www.uphs.upenn.edu/internal-medicine-residency/>

Apply for Pennsylvania Hospital electives if interested in the Pennsylvania Hospital medicine residency program. <http://www.uphs.upenn.edu/pahedu/gme/medicine.html>

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*A complete application will contain:*

**Application Form**

Student Component

Home Institution Component

**Health Forms & Proof of Health Insurance**

Complete Immunization Record with appropriate signature (health care provider or student health office)

Proof of Health Insurance (Copy of insurance card)

**TB Testing**

*Students must provide documentation of annual TB testing (two results within 12 months of each other) with the most recent one within 6 months of the requested elective date. IGRA result should be within the past 6 months.*

Date of last TB testing: \_\_\_\_\_

Date of previous TB testing: \_\_\_\_\_

Date(s) I'm applying for: \_\_\_\_\_

I am up to date

I need to have another TB test done and will submit documentation

**Criminal Background Check (please include one)**

Provided by my school—attach a letter or statement to this effect.

**OR**

I've started the process by contacting my local police station or the FBI or by contacting an online vendor. Documentation is attached.

**Pediatric Patient Requirement (please include ALL)**

If your selected courses have pediatric patient contact (site location will be listed as CHOP or Children's Hospital of Philadelphia) the State of Pennsylvania requires the following —

Pennsylvania Child Abuse History Clearances

A Pennsylvania State Police Request for Criminal History Check (PATCH)

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\_\_\_ FBI Fingerprint Criminal History Clearance – (proof of payment will be needed at time of application. Final clearance will be needed before being sent an offer)

**Supplemental Requirements**

If you are applying for an OB/GYN, Otorhinolaryngology, Plastic Surgery, or Urology elective you will need to provide:

- \_\_\_ Copy of CV
- \_\_\_ Copy of Board Scores
- \_\_\_ Copy of your medical school transcript
- \_\_\_ Letter of Recommendation

**PLEASE NOTE:** Students applying into Plastics does not guarantee an interview.

If you are applying for an Anesthesiology, Emergency Medicine, Neurosurgery, NEU401(Pediatric Neurology) or Radiation Oncology elective you will need to provide:

- \_\_\_ Copy of CV
- \_\_\_ Copy of Board Scores
- \_\_\_ Copy of your medical school transcript

If you are applying for an Orthosurgery elective you will need to provide:

- \_\_\_ Copy of CV
- \_\_\_ Copy of your medical school transcript

**I confirm that all mentioned above are enclosed in this packet. Failure to enclose all required documents will result in a delay in the processing of your application.**

**I've reviewed the pre-requisite requirements for the electives I'm applying for and can confirm that requirements will be met before the rotation start date.**

Student Signature: \_\_\_\_\_