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, OBGYN and Radiology residency programs at the Hospital of the University of Pennsylvania (HUP) and Pennsylvania Hospital.

Your application will be delayed if our office isn't clear as to which program you're interested in.

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

Apply for Pennsylvania Hospital electives if interested in the Pennsylvania Hospital medicine residency program.  [http://www.uphs.upenn.edu/pahedu/gme/medicine.html](http://www.uphs.upenn.edu/pahedu/gme/medicine.html)

**OBGYN:** Apply for HUP electives if interested in the HUP OBGYN residency program.  
[http://www.uphs.upenn.edu/obgyn/education/residency.htm](http://www.uphs.upenn.edu/obgyn/education/residency.htm)

Apply for Pennsylvania Hospital if interested in the Pennsylvania Hospital OBGYN residency program.  [http://www.uphs.upenn.edu/pahedu/gme/ob.html](http://www.uphs.upenn.edu/pahedu/gme/ob.html)
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 12 months of the requested elective date*

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)
___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: ______________________________________________________