



**Dean's Statement  
International Visiting Student  
Elective Clerkship Application**

Student Name: \_\_\_\_\_

Quarter Applying: \_\_\_\_\_

Name of Medical School: \_\_\_\_\_

1. The student is a currently registered student in the M.D. program at the school listed above, is in good academic standing, and, at the time of the elective clerkship, will be registered in their final year.
2. The student is approved to take an elective at Stanford University School of Medicine.
3. The student is expected to obtain and be covered by malpractice insurance for the duration of the elective clerkship:
  - Per Occurrence minimum requirement is \$1,000,000
  - Aggregate minimum requirement is \$3,000,000
4. The student is expected to be covered by personal health care insurance for the duration of the elective clerkship.

**Circle Yes or No**

5. *Yes/No* Student has been trained on Bloodborne Pathogens.
6. *Yes/No* Student has passed Step 1 of the US Medical Licensing Examination (USMLE)
7. *Yes/No* Student will have completed the core clerkships in **Medicine, Pediatrics, and Surgery** by the time of the elective.
8. Circle any other core clerkships the student will have completed by the time of the elective:

**Ambulatory Medicine | Critical Care | Family Medicine | Neurology | Ob/Gyn | Psychiatry**

I certify that the student will have at the time the elective is undertaken, sufficient clinical experience to competently examine patients, take histories, document patient care, and participate as an equal to students at Stanford University School of Medicine. I further acknowledge the student is competent in their command of the English language to read, write, understand, and communicate, including using English medical terminology.

Authorized Signature: \_\_\_\_\_  
(Dean/Registrar of student's home school)

Printed Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date: \_\_\_\_\_

Important: Please affix or stamp school seal here ®