AWAY/UNLISTED ELECTIVE GUIDELINES (VSAS, Non-VSAS and International Health)

DO’s

- M4 students may take a maximum of 4 away electives; student could be limited if they had any previous academic difficulty.

- Each away elective must be a minimum of 4 full weeks in length (Monday – Friday) or 28 days (including weekends). Travel time to and from the elective is not considered part of the 28 days.

There are two locations that are exempt from the 4-week rule. They are UCLA and the University of Minnesota since these schools only offer 3-week electives. Students may only take two 3-week electives in total, regardless of location.

- If the elective begins in the middle of a month and concludes in the middle of the following month, the student must schedule vacation time around either side of these dates in order to enroll in the elective.

- Students will submit one of the MCW away elective approval forms (VSAS, Non-VSAS or International Health) for each away/unlisted elective in which they intend to enroll. The completed forms should be submitted to the Registrar’s Office at the time of application to the course OR no later than a minimum of 2 months prior to starting the course. All forms being submitted require course descriptions and a clinical advisor’s signature. (Additionally, the International Health forms require Dr. Richard Holloway’s sign off.

- Allow a minimum of one week for MCW to process the application; this could take longer at “peak” times (March - May).

- Students must provide the Registrar’s Office with an acceptance letter from the program (minimum of 30 days prior to starting the rotation). The letter should include: student’s name, title of elective, start and end dates of the elective, name of the attending physician providing a grade, the physician’s telephone number and e-mail address and the course coordinator’s name, telephone number and e-mail address.

- Students are responsible for delivering their evaluation form to the attending who will grade their performance. MCW will provide the student with a pre-printed evaluation form approximately 2 weeks prior to starting the elective.

DON’Ts

- Do not request permission from an MCW course to leave early or arrive late because you are participating in an away elective! MCW COURSES ARE A MONTH IN DURATION (first day to last day of month).

- Students may NOT go away for the last month of their senior year.

- It’s not advisable to be more than a short drive from Milwaukee in March because of the Match.

- Working with a family member, friend or your physician is not allowed.

- Students may not take more than 2 rotations in the same specialty (this includes MCW courses and away electives).

- Students may not take more than 2 electives in research or more than 2 international electives.

- Students are not allowed a pre-determined number of “sick or personal days” when taking an away elective.

- Residency interviews should be conducted during your scheduled vacation time. Step 2 CK and CS should also be taken during vacation months.
Non-VSAS Away Elective Approval Procedures

- Write your name and the beginning and ending date of your proposed elective on the form (must be at least 4 weeks in length).
- Provide the title for your first choice and any alternate choices in electives.
- Attach the course descriptions for each elective choice.
- Obtain your MCW clinical advisor’s approval signature, print his/her name and telephone number on the form.
- Check off the items (on the left side of the form) that you are providing for mailing with your application.
  
  You are responsible for providing the copies of health insurance card, USMLE scores, CPR certification card or anything else that needs to be included in the mailing.

  If a copy of your immunizations are required or you must have an immunization form completed, you will need to visit MCW’s Occupational Health Office to obtain them. Call ahead (414-805-6699) to make an appointment.
- Check off the items (on the right side of the form) that the Registrar’s Office needs to provide for the mailing. If an official transcript is required, please complete a request form (from the Registrar’s Office) and submit $1.00.
- Submit the name and complete address of the program (including a contact name, department, street address, room number, city, state and zip code).
- Enter your e-mail address (you will receive an e-mail notification when your application has been mailed).
- List a pager number (in case we need to ask any questions or run into problems with the application).

Notification of Acceptance to a Program

Once you have been accepted for a visiting student elective (or no less than 30 days prior to starting), the Office of the Registrar must receive a confirmation of acceptance from the program. It can be sent via e-mail to psindberg@mcw.edu, faxed to (414) 955-0117 or sent in a letter through the U.S. Mail to Patti Sindberg, Office of the Registrar, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, WI 53226.

The confirmation must contain the following information (see sample below):

- Your Name: John Doe
- Title of Elective: Emergency Medicine
- Location of Elective: John H. Stroger, Jr. Hospital-Chicago, IL
- Beginning and Ending Dates: June 30 – July 25, 2014
- Name of Attending Physician: Scott Sherman, M.D.
- (Responsible for grading you)
  - Attending Physician’s E-mail: ssherman@ccbh.org
  - Attending Physician’s Telephone #: (312) 864-0061
- Name of Course Coordinator: Estella Bravo
- Course Coordinator’s E-mail: ebravo@ccbh.org
- Course Coordinator’s Telephone #: (312) 864-0061
**NON-VSAS**
**AWAY/UNLISTED ELECTIVE APPROVAL FORM**

<table>
<thead>
<tr>
<th>Elective Title</th>
<th>Alternate Choice #2</th>
<th>Alternate Choice #3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Elective Title</th>
<th>Alternate Choice #4</th>
<th>Alternate Choice #5</th>
<th>Alternate Choice #6</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Attach a course description for each away/unlisted elective choice listed below.**

<table>
<thead>
<tr>
<th>Elective Choice</th>
<th>Alternate Choice</th>
<th>Alternate Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**MCW Clinical Advisor Signature**
**Advisor’s Name (printed)**
**Advisor’s Telephone Number**

I have provided the following items to be mailed:

(Place an X next to all that apply)

- [ ] Application form
- [ ] Application fee
- [ ] Immunization records (copy)
- [ ] Health insurance card (copy)
- [ ] Photograph
- [ ] Curriculum Vitae
- [ ] Personal Statement
- [ ] USMLE Step 1 scores (copy)
- [ ] Faculty Letter of Recommendation
- [ ] CPR certification (copy)
- [ ] Background check

Please send the following information on my behalf:

(Place an X next to all that apply)

- [ ] Dean’s letter of permission, good standing, proof of malpractice insurance, training in Universal Fluid Precautions, and HIPAA Compliance
- [ ] Official MCW transcript
  (You must complete a written request. A separate form is available in the Registrar’s Office. There is also a $1.00 fee.)

Please mail the above requested materials to the address below.

I am making application to the following program:
(Please provide a complete address below.)

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

My email address is:

- [ ]

My pager # is:

- [ ]

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>MCW Application received</th>
<th>E-mailed student</th>
<th>Accepted</th>
<th>Withdrawn/rejected</th>
</tr>
</thead>
</table>