(Retain two top sheets for your information)
AWAY/UNLISTED ELECTIVE GUIDELINES
(VSAS, Non-VSAS and Global Health)

DO

- 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 toto, regardless of location.

- If the away elective course dates overlap with MCW dates, students will schedule vacation 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 Global 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 Global Health form requires additional screening and sign-off by the Associate Dean for Student Affairs.)

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

- Students will provide the Registrar’s Office with a confirmation of acceptance from the program (minimum of 30 days prior to starting the rotation). The acceptance must 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 e-mail address and telephone number and the course coordinator’s name, e-mail address and telephone number.

- Near the end of the elective, your attending physician will be sent a link to MCW’s secure evaluation server in order to grade your performance. Paper forms are no longer used. The evaluation must be completed in English and submitted online within two weeks of the end date. If you find the attending physician who will be evaluating you has changed, contact the Office of the Registrar immediately with the correct attending physician’s e-mail address.

DON’T

- Do not request permission from an MCW course to leave early or arrive late because you are participating in an away elective!

- 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 Global Health electives.

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

- Residency interviews and sitting for the USMLE Step 2 CK and CS should be conducted during your scheduled vacation time.
**GLOBAL HEALTH ELECTIVE APPROVAL PROCEDURES**

- **COMPLETE** a Global Health Elective Approval Form. This includes Section 8 if the elective program to which you are applying has an application that MCW must sign off on or if any other materials are requested from MCW (i.e., Dean’s good standing letter or official transcript).

- **ATTACH** a thorough description of student responsibilities/activities during the rotation to the approval form.

- **OBTAIN** the signature of approval from your Clinical Advisor (Section 7 of the form).

- **SIGN** the “Acknowledgment and Waiver of Liability” Form. You are acknowledging the fact that MCW **WILL NOT** be providing you with liability/malpractice insurance, you will purchase International SOS (emergency/evacuation insurance) and you will assume the responsibility of obtaining a completed MCW evaluation form. The website for International SOS is [http://www.internationalsos.com](http://www.internationalsos.com) or call 1-800-523-8662 to purchase this insurance once you know you have been accepted for the elective.

- **SUBMIT** all of the above information to the Associate Dean for Student Affairs for a final signature of approval.

  The Associate Dean may contact you if additional information about the elective is needed. After providing a signature of approval, your entire application packet will be forwarded to the Office of the Registrar. The Registrar’s Office will send the Dean’s good standing letter, official MCW transcripts and other requested items (Section 8 of the application) and will keep copies of everything sent on your behalf. You will receive an e-mail notification when your application materials have been sent.

  All application materials must be to the Registrar’s Office at least **TWO (2) MONTHS** prior to starting the elective. Allow at least one week for the Registrar’s Office to process your application! It will take longer during our busiest months (March – May).

- **CONTACT** Tifany Frazer, Global Health Program Manager ([tfrazer@mcw.edu](mailto:tfrazer@mcw.edu) or 414-955-4763) for completion of mandatory pre-elective education and other Global Health requirements.

- **CONFIRMATION OF ACCEPTANCE** is required. Once you have been accepted for a Global Health elective **(or no less than 30 days prior to starting the elective)**, 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](mailto:psindberg@mcw.edu), faxed to (414) 955-0117 or sent in a letter through the 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: Infectious Diseases  
  Location of Elective: Bangalore Baptist Hospital-Bangalore, India  
  Beginning and Ending Dates: January 11 – February 7, 2016  
  Name of Attending Physician: Alex Thomas, M.D.  
  **(Responsible for grading you)**  
  Attending Physician’s E-mail: baptisthospital73@gmail.com  
  Attending Physician’s Telephone #: 91-80-23330321  
  Name of Course Coordinator: Skylar Rolf  
  Course Coordinator’s E-mail: office@inmed.us  
  Course Coordinator’s Telephone #: (816) 835-1899
# 2015/2016
Medical College of Wisconsin
Global Health
Elective Approval Form

## SECTION 1: STUDENT

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<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>M.I.:</th>
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</table>

<table>
<thead>
<tr>
<th>Current Address:</th>
<th>Number and Street</th>
<th>City, State, Zip</th>
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<tr>
<th>Telephone:</th>
<th>E-mail:</th>
<th>Pager Number:</th>
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## SECTION 2: APPLICATION SUPPLEMENTS

Applications must include a thorough description of student responsibilities and activities during the rotation. **Acknowledgement and Waiver of Liability Form** signed by applicant is required at submission.

## SECTION 3: HOST INFORMATION (If applicable)

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<tr>
<th>Host Contact Name:</th>
<th>Title:</th>
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<tr>
<th>Address: Number and Street</th>
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<tr>
<th>City/Province/Country/Postal Code</th>
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<tr>
<th>Telephone:</th>
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## SECTION 4: Site Information (If different from Host Information)

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<th>Site Supervisor and Credentials:</th>
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<th>Site Contact Name:</th>
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<th>Address: Number and Street</th>
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## Section 5: Course Title and Inclusive Dates of Rotation (Must be 4 weeks in length)

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<th>Course Title:</th>
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<tr>
<th>Start Date:</th>
<th>End Date:</th>
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</table>
Please describe in detail the primary and secondary components of your visit:

**Clinical Work**  
(circle one) Primary    Secondary

**Community/Public Health Work**  
(circle one) Primary    Secondary

**Cultural/Language Study**  
(circle one) Primary    Secondary

**Research or Other Activities**  
(circle one) Primary    Secondary

How do your past experiences demonstrate your ability to make this a successful elective?

List the three main educational benefits that you expect to receive from your experience, including curriculum goals and/or post-graduate career plans:

1. 
2. 
3.

Foreign language/skill level required by host organization (e.g. intermediate, fluent):

Describe your relevant language skill level:

**SECTION 7: MCW Approval**

Clinical Advisor Name: ___________________________ Advisor Signature: ________________

Advisor Email: ___________________________ Telephone Number: ___________________________

Signature of Associate Dean for Student Affairs ___________________________ Date Signed ___________________________
ACKNOWLEDGMENT AND WAIVER OF LIABILITY

I would like to participate in the Global Health Program elective noted below. This is an optional, elective, clinical activity. I understand that my participation in this elective is not mandated in order to fulfill academic requirements of the Medical College of Wisconsin and that the Medical College of Wisconsin reserves the right to deny academic credit if it later determines that the elective or my participation in it fails to meet the academic requirements of the Medical College of Wisconsin.

I acknowledge that I am aware that there are risks to me of injury entailed in my participation in this elective, including the risks of travel to and from the country where the elective will take place, as well as the risks associated with residing in a foreign country whose level of health care and social services may not equal those in the United States. These risks include, but are not limited to, crime, terrorism, war, exposure to communicable diseases, serious bodily injury or death, property damage and other risks that may not be foreseeable. I do fully and completely assume any risks solely to myself, and accept full responsibility for my individual physical fitness to participate in this elective and its activities. I assume the responsibility to review course materials and to request further information if needed to make a proper participation decision.

In consideration of being presented the opportunity to participate in this Global Health Program elective, and in acknowledging that I am aware of and willing to assume the risks associated with this activity, I hereby voluntarily agree to waive, hold harmless and indemnify the Trustees of The Medical College of Wisconsin and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever that I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my participation in the Global Health Program elective in which I am participating. I understand the content of this document, and I execute this GENERAL RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK AGREEMENT of my own free will and accord.

I understand that the Medical College of Wisconsin does not provide malpractice insurance coverage for participation in Global Health Program electives except pursuant to written affiliation agreements between the Medical College of Wisconsin and the foreign educational institution. I understand that I am responsible for assuring that the foreign educational institution has provided appropriate indemnity or malpractice insurance coverage or that I have done so personally. The cost of any such coverage is entirely my personal responsibility.

I will purchase evacuation/travel insurance (International SOS).

I assume the responsibility of obtaining a completed Medical College of Wisconsin evaluation form (in English) from the attending physician at the participating rotation. If a completed form is not received by the Medical College of Wisconsin Registrar’s Office in a timely fashion, I understand that receipt of my diploma at graduation could be jeopardized.

NAME (Print):___________________________________________________________
DATE:________________SIGNATURE:_______________________________________
Name of Elective:________________________________________________________
Country of Elective:_______________________________________________________
Beginning and Ending Dates of Elective:____________________________________
Student Name: ________________________________________________________________

Course Title: ________________________________________________________________

Course Location: ______________________________________________________________

Dates of Elective: __________ to __________

(Beginning) (Ending)

I have provided the following items to be mailed:  Please send the following information on my behalf:

(Place an X next to all that apply)  (Place an X next to all that apply)

___ Application form  ___ Dean’s letter of permission, good standing, training in Universal Fluid Precautions and HIPAA Compliance
___ Application fee  ___ Official MCW transcript
___ Immunization records (copy)  ___ My signature below represents my written request to release my MCW transcript to this program.
___ Health insurance card (copy)  ___ CPR certification (copy)
___ Photograph  ___ Background check
___ Curriculum Vitae  ___ Personal Statement
___ USMLE Step 1 scores (copy)  ___ Faculty Letter of Recommendation
___ Personal Statement

______ Application form  ____ Dean’s letter of permission, good standing, training in Universal Fluid Precautions and HIPAA Compliance
______ Official MCW transcript
______ My signature below represents my written request to release my MCW transcript to this program.

(Student authorization signature)

Please mail the above requested materials to the address below.  (Provide a complete mailing address.)

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

________________________

FOR OFFICE USE ONLY

MCW Application received  E-mailed student  Accepted  Withdrawn/rejected