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.
Non-VSAS Away Elective Approval Procedures

- Write your name and the beginning and ending date of your proposed elective on the form (must be 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 sign this form to authorize its release to the program.
- 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: July 6 – August 2, 2015
- 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
Attach a course description for each away/unlisted elective choice listed below.

<table>
<thead>
<tr>
<th>Elective Title</th>
<th>Alternate Choice #2</th>
<th>Alternate Choice #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice #4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice #5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice #6</td>
<td></td>
<td></td>
</tr>
</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
_____ 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.

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

__________________________________________
__________________________________________
__________________________________________
__________________________________________

My email address is: _______________________

My pager # is: ____________________________