



**RCSI**

# International Clinical Electives

## Application for Clinical Elective

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

### SECTION I. TO BE COMPLETED BY VISITING STUDENT

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

Student Email: \_\_\_\_\_

Contact number: \_\_\_\_\_

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

Address of Medical School: \_\_\_\_\_

Duration of Medical School Programme: \_\_\_\_\_ years. Current Year Enrolled: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Please list your areas of interest and we will endeavour to accommodate you. List six preferences:

Specialty	Dates	Specialty	Dates
1		4	
2		5	
3		6	

### SECTION II. APPROVAL

To be completed by the Dean of Medical Faculty (or comparable official) at medical school where the student is enrolled. The above-named student is in good standing at this institution and has our approval to take the elective. The student will pay tuition at the home school. The student **[is] [is not]** covered by medical malpractice insurance while taking approved work away from our school. The student **[is] [is not]** covered by student health insurance. At the conclusion of the elective, an evaluation report **[is] [is not]** required. This student has, or will have, completed all fourth-year clinical rotations in Family Medicine, Internal Medicine, Obstetrics-Gynaecology, Paediatrics, Psychiatry, and Surgery by the start of requested elective listed above.

**AN ORIGINAL SIGNATURE IS REQUIRED: A RUBBER STAMP IS NOT ACCEPTED**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

