

COLUMBIA UNIVERSITY

College of Physicians & Surgeons

Office of Student Affairs

INSTRUCTIONS FOR VISITING STUDENTS

Students matriculated at AAMC medical schools are welcome to apply for elective courses at the College of Physicians & Surgeons (P&S). **VISITING STUDENTS MAY NOT CONTACT THE COURSE DIRECTORS DIRECTLY. ALL INQUIRIES MUST GO THROUGH THE OFFICE OF STUDENT AFFAIRS.**

Information about the electives that we offer can be found at

<http://cpmcnet.columbia.edu/dept/ps/affairs/electives.html>.

Please read the following requirements carefully. All forms are required and MUST BE completed. The inclusion of your schools forms without completing the P&S documents is not sufficient.

- **Application processing fee:** \$100. Check to be made payable to Columbia University and should be included with your application. We cannot accept Postal Money Orders from Canada. Canadian students must send a bank draft in the amount of \$100 US Dollars drawn on a bank with a US correspondent bank in order to be accepted. **THIS FEE IS NON-REFUNDABLE.**
- **Good standing:** Student must be in good academic standing in the senior year at an AAMC medical school and have completed all required clinical clerkships. **Attached forms must be completed.**
- **Time permitted:** Three months of electives are permitted. All P&S electives are based on the calendar month. Unless otherwise specified, **ALL ELECTIVES BEGIN ON THE FIRST DAY OF THE MONTH AND END ON THE LAST. ASSIGNMENTS OF VISITING STUDENTS ARE MADE AFTER ALL P&S STUDENTS HAVE BEEN SCHEDULED.**
- **Credit:** Visiting students receive academic credit from their own medical schools for electives completed at P&S. They are not considered matriculated students at P&S. Transcripts will not be issued on completion of electives. **The visiting student should furnish performance evaluations to the P&S preceptor at the completion of the elective month. DO NOT SEND EVALUATION FORMS WITH YOUR APPLICATION MATERIALS.**
- **Health:** Visiting students must have proof of health, liability, and malpractice insurance. Physicians in the P&S Student Health Service will see visiting students for emergency medical problems. Visiting students will be appropriately billed if consultations, laboratory studies, x-rays, and/or medications are required. All students **MUST** provide proof of all of the immunizations listed on our form. **Proof of a TB test taken within one year of the start date of the elective and proof of an MMR immunization within five years of the start of the elective are required.** If previous BCG vaccine has been received, then a chest X-ray within one year is required. Visiting students must document immunity to Measles, Mumps, and Rubella in one of two ways: 1) Immune titers or 2) Written documentation of two MMR immunizations 4-6 weeks apart. **The Student Health Service of the home institution must complete the attached immunization record.**
- **Housing:** Single dormitory rooms with corridor bath and shower facilities are available at Bard Hall. Contact the Director, Health Sciences Campus, Central Housing Office, Bard Hall, 50 Haven Ave., New York, NY, 10032, (212) 304-7000 for current room rates. The hospital will provide accommodations for on-call responsibilities. **Housing is NOT available July through October.**
- **Application process:** Available electives are assigned on a first come, first served basis. Applications will not be processed until completed forms are received. **Application must include: P&S application form (attached), Dean's Certification form (attached), Immunization Record (attached), \$100 processing fee, and a LETTER OF RECOMMENDATION FROM A FACULTY MEMBER WHO HAS SUPERVISED THE APPLICANT IN THE REQUIRED CLERKSHIP MOST CLOSELY RELATED TO THE ELECTIVE REQUESTED (PERFORMANCE EVALUATIONS FROM 3RD YEAR CLINICAL CLERKSHIPS ARE NOT ACCEPTABLE).**

Application materials and questions regarding the application should be directed to
Leon James Bynum

630 West 168th Street, 3-401

New York, NY 10032

Phone: (212) 305-3806/ Fax: (212) 305-1343

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LJB39@columbia.edu

APPLICATION FOR VISITING STUDENTS

Section 1: To be completed by Student					
NAME (IN ALL CAPITALS)	SOCIAL SECURITY NO.	MEDICAL SCHOOL			
MAILING ADDRESS			DEAN'S OFFICE ADDRESS		
Street			Street		
City State Zip			City State Zip		
PHONE NUMBER	GRADUATION DATE	DEAN'S OFFICE PHONE/FAX			
()		Phone ()			
E-MAIL ADDRESS		Fax ()			
ELECTIVES REQUESTED (IN ORDER OF PREFERENCE)			TOTAL NO. OF ELECTIVES REQUESTED		
			1 2 3		
Course Code	Title	Month			
1.					
2.					
3.					
SECTION 2: TO BE COMPLETED BY THE DEAN FOR STUDENT AFFAIRS					
<ul style="list-style-type: none"> THE ABOVE NAMED STUDENT IS IN GOOD STANDING AT THIS INSTITUTION. THE STUDENT WILL ENTER FOURTH YEAR AS OF (DATE) _____ AND IS PRESENTLY IN HER/HIS _____ YEAR OF A _____ YEAR PROGRAM STUDYING FOR THE M.D./D.O. DEGREE. THIS STUDENT WILL/WILL NOT PAY TUITION DURING THIS ELECTIVE PERIOD. THIS STUDENT IS/IS NOT COVERED BY LIABILITY, MALPRACTICE AND PERSONAL HEALTH INSURANCE. THIS STUDENT HAS/HAS NOT COMPLETED THE REQUIRED COURSE IN UNIVERSAL PROCEDURES (OSHA) WITHIN 12 MONTHS OF THE START OF THIS ELECTIVE. THIS STUDENT HAS/HAS NOT COMPLETED HIPAA CERTIFICATION. THIS STUDENT WILL/WILL NOT BE TAKING THIS ELECTIVE FOR CREDIT. AN EVALUATION WILL/WILL NOT BE REQUIRED AT THE CONCLUSION OF THIS ELECTIVE. 					
SCHOOL SEAL		SIGNATURE: _____ NAME: _____ TITLE: _____ DATE: _____			

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VISITING STUDENT DEAN'S CERTIFICATION FORM

STUDENT: _____ YEAR: _____

REQUESTED ELECTIVE: _____ MONTH: _____

HOME MEDICAL SCHOOL: _____

1. **Health Assessment**

_____ Immunization Record attached

2. **Compliance with OSHA Bloodborne Pathogens Regulation**

_____ Educational Session attended

_____ HBV Vaccine Immunization or declination verified

3. **Health Insurance**

_____ Coverage provided by _____

4. **Liability Insurance**

_____ Coverage provided by _____

5. **HIPAA Certification**

_____ Certified on (date) _____

6. **Privileges credentialed by home school**

(All students participating in P&S electives MUST BE approved for performance under general supervision)

_____ Venipuncture

_____ Starting IV fluids

All other procedures by medical students will be performed under direct visual supervision of a credentialed member of the hospital medical staff.

7. **Recommendation by Dean**

_____ I certify that this student is in good standing at _____
and has been approved for this elective.

Signature
Associate Dean for Student Affairs
(or applicable school official)

Date

Medical School Seal

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VISITING STUDENT IMMUNIZATION RECORD

Name: _____ Medical School: _____

ALL INFORMATION IS REQUIRED.

TUBERCULIN SKIN TEST

Date _____ Results _____

Vaccine (BCG) _____ Date _____

Must be dated within one year of the start of the elective or observership.

CHEST X-RAY IF POSITIVE TB OR BCG

Date _____ Results _____

RUBELLA

Illness _____ Yes ___ No ___ Date _____

Vaccination _____ Yes ___ No ___ Date _____

Titer _____ Results _____ Date _____

MUMPS

Illness _____ Yes ___ No ___ Date _____

Vaccination _____ Yes ___ No ___ Date _____

Titer _____ Results _____ Date _____

HEPATITIS

B Antibody _____ Results _____ Date _____

B Vaccine _____ Yes ___ No ___ Date _____

DIPHTHERIA/TETANUS

Booster _____ Yes ___ No ___ Date _____

VARICELLA

Illness _____ Yes ___ No ___ Date _____

Vaccination _____ Yes ___ No ___ Date _____

Titer _____ Yes ___ No ___ Date _____

POLIO

Subq (Salk) _____ Yes ___ No ___ Date _____

Oral (Sabin) _____ Yes ___ No ___ Date _____

Booster _____ Yes ___ No ___ Date _____

RUBEOLA

Illness _____ Yes ___ No ___ Date _____

Vaccination _____ Yes ___ No ___ Date _____

Titer _____ Results _____ Date _____

MMR

Vaccination _____ Yes ___ No ___ Date _____

Must be dated within five years of the start of the elective or observership.

Signature Date
School Health Service Official

Signature Date
Visiting Student