

Request for Approval of Away Elective NON VSLO

A. Application Information *(To be completed by student. Please print.)*

(Student Name)

(Host Institution/Hospital Name and Full Address)

(Street, City, State, Zip)

(Title of Elective)

Sponsor/Supervisor's Name

(Dates of elective)

(Is the address listed above the location of the activity? If yes, please indicate. If no, please provide location address.)

B. Requirements

General Procedures While on Elective

- Students must know where to report should they obtain a needle stick or blood/body fluid exposure or other emergent/urgent situations.
- Students must carry their LSUHSC-S ID badge with them at all times as well as their health insurance card.
- For emergent situations, students may always reach the Associate Dean for Students Affairs at shvstudentaffairs@lsuhs.edu.

Professionalism

- Students are expected to remain professional at all times and abide by the Student Code of Conduct regardless of location.
- Students are expected to maintain a demeanor and appearance commensurate with the professional status of a student physician caring for patients.
- Students will be expected to fulfill all obligations as specified to them by the host institution.
- Once a rotation has been scheduled, any changes must be done at least 30 days prior to the start of the rotation.

Performance Assessments of Medical Students

Any student who completes an extramural elective is responsible for providing an Away Elective Evaluation Form to the appropriate designee at the host institution department. This form is located on the Registrar's website. The Away Elective Evaluation Form must be completed within 4 weeks upon completion of the elective and returned to the Office of the Registrar. Course credit for the extramural rotation will not be recorded until the evaluation form is received by the Office of the Registrar.

Evaluation of Extramural Electives

Students are asked to complete an evaluation after completion of extramural elective. The data from these evaluations are tallied by the Office of Academic Affairs and used to help guide future students in surveying extramural electives with regards to clinical experience, ease of accommodations, cost of elective, etc.

I have read and understand the requirements for participating in an away rotation.

(Student signature)

(Date)

C. **Course Description** *Copy of course description of away elective*

(Please attach the course description from the host institution describing the elective.)

D. **Host Institution Approval** *(Please attach the email approval from the host institution stating that you have been approved for the elective described above.)*

E. **AAMC UNIFORM CLINICAL TRAINING AFFILIATION AGREEMENT/IMPLEMENTATION LETTER**

LSUHS will require an implementation letter for all NON VSLO away rotations. Process will be initiated when you return this completed form.

If a student applies for an extramural elective outside of VSLO, an AAMC Uniform Clinical Training Affiliation Agreement must be executed between LSUHSC-S and the host institution of the extramural elective to ensure compliance with accreditation criteria including:

- Access to appropriate resources for medical student education;
 - Primacy of medical education program;
 - Treatment and follow-up after exposure to an infectious or environmental hazard or other occupational injury;
 - Appropriate learning environment.
-

F. **Academic Affairs Certification** *(To be completed by Associate Dean of Academic Affairs or designee)*

I have reviewed the application and this student has permission to complete the elective identified above.

(Associate Dean of Academic Affairs signature)

(Date)

Please note: This completed form (sec A – D) with supporting documents should be submitted to the Office of the Registrar for processing. Once the Office of Academic Affairs approves the away, it will be added to your schedule. Please submit no later than SIX(6) weeks prior to the start date of the rotation. Thank you.

Cc: Student file