

**ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE/  
THE CHICAGO MEDICAL SCHOOL**

**SENIOR ELECTIVE GUIDELINES FOR  
VISITING STUDENTS FROM U.S. MEDICAL SCHOOLS**

**2010-11**

**I. OVERVIEW:** The faculty of Rosalind Franklin University of Medicine and Science/The Chicago Medical School, in an effort to serve the individual needs and goals of each student, offers a series of electives for its own students as well as for qualified students from other approved, outside medical schools. These courses have been developed so that students who have well-defined career goals can pursue them without adherence to a rigid curriculum. At the same time, they allow those who have not yet defined their career goals an adequate assortment of courses with which to explore career options. Through these electives, students can access the broad range of expertise of the faculty and the resources of affiliated hospitals.

**II. APPLICATIONS:** Completed applications for senior electives for visiting students from U.S. medical schools should be submitted to the Medical Curriculum Office for processing. Contact Ms. Sally Venus, Administrative Assistant, either by phone at 847-578-3215 or e-mail at sally.venus@rosalindfranklin.edu

**III. LIMITATIONS:** Students are limited to a total of 8 weeks of elective experience at RFUMS.

**IV. FEES:** No fees are charged.

**V. HOUSING:** Housing is not available through RFUMS.

**VI. TRANSPORTATION:** Transportation is not available through RFUMS.

**VII. DEADLINES:** Students are expected to allow at least two months for the application procedure to be completed. Students are also expected to provide at least one month prior notice of cancellation if they choose not to attend an approved elective.

**VIII. REQUIRED DOCUMENTATION:** At the time an elective application is submitted, the following documentation must be submitted. Applications will not be considered unless the necessary documentation is provided.

**a) LETTER OF GOOD STANDING:** A letter of good standing from the Dean of your Medical School must be provided. This letter must indicate successful completion of all basic clerkships, including medicine, obstetrics/gynecology, pediatrics, surgery, and psychiatry.

**b) IMMUNIZATIONS/MEDICAL HISTORY:** Updated medical and immunization records must be provided on the Visiting Student Immunization Form.

**c) STUDENT HEALTH INSURANCE:** All students are required to be covered by a health insurance plan equivalent to FUHS/CMS coverage. At the time an elective application is submitted, proof of health coverage is required. This coverage is **not** available through RFUMS.

**d) MALPRACTICE COVERAGE:** All students are required to be covered by a malpractice insurance plan equivalent to FUHS/CMS coverage (\$1 million per occurrence/\$3 million in annual aggregate). At the time an elective application is submitted, proof of malpractice insurance is required. This coverage is **not** available through RFUMS.