



UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT PEORIA

VISITING MEDICAL STUDENTS Applying through VSAS

Office of Academic Affairs
One Illini Drive
Peoria, IL 61605

Medical students from other medical schools who are in their final year may participate in fourth-year electives at the University of Illinois College of Medicine at Peoria. Eligible students may apply for a maximum of 8 weeks of elective experience at UICOM-P. Please review our website at www.peoria.medicine.uic.edu > Education tab > MD Curriculum > Visiting Students for the electives catalog, calendar, and other information. The electives offered by each department are located under the department's section in the Electives Catalog.

There is no application fee from UICOM-P for students from domestic schools to enroll in electives at the University of Illinois College of Medicine at Peoria. Cafeteria meals are available at no cost when enrolled in an elective at OSF Saint Francis Medical Center.

We are not able to offer housing to our visiting students at this time. Upon request, a list of optional housing can be forwarded to the visiting student. Be aware that the housing information has been gathered from various sources that have used them in the past, and is provided only for the convenience of the visiting student – UICOMP has no other information about these housing options and has no affiliation with them.

No student will be assured placement prior to UICOM-P receiving all application components.

ELIGIBILITY: In order to apply for a fourth-year elective at the University of Illinois College of Medicine at Peoria, visiting medical students must:

- Be in their final year of medical school at the start of the requesting elective.
- Attend one of the following: (1) medical schools accredited by LCME (Liaison Committee on Medical Education), (2) medical schools accredited by AOA (American Osteopathic Association), or (3) international medical schools with an affiliation agreement with the University of Illinois.
- Be in good academic standing at the start of the elective.
- Complete all core clerkships prior to the start of the elective.
- Complete prerequisites (or equivalent) listed for the desired course prior to participating in the elective.

THE UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT PEORIA OFFERS:

- Two major teaching hospitals: Unity Point – Methodist and OSF Saint Francis Medical Center, with state-of-the-art technology and a 75+ year tradition of medical education.
- An extensive network of ambulatory centers and clinics.
- Strong undergraduate and graduate medical education with approximately 240 medical students (M1, M2, M3, M4), 13 residency programs, and 9 fellowships with nearly 300 residents and fellows.

The College of Medicine, its undergraduate teaching programs, and its residencies are proud to be part of a dynamic and sophisticated downstate medical center. We are pleased to learn of your interest in Peoria. Please let us know of your interests and if you have any questions.

December 2019

Chicago

Peoria

UIC

Rockford

Urbana-Champaign

Visiting Student Coordinator: Tammy L. Livingston

• **Email:** tliving@uic.edu • **Phone:** (309) 671-8412 • **Fax:** (309) 680-8605

Checklist for Students Applying through VSAS

Student Name: _____

ALL DOCUMENTATION LOADED INTO VSAS AND/OR EMAILED TO THE VISITING STUDENT COORDINATOR MUST BE IN PDF FORMAT. JPEGS AND PDF'S OF JPEGS WILL NOT BE ACCEPTED.

Supplemental documentation that must be uploaded onto VSAS by the student or the home school in order to be accepted for an elective:

____ **Supplemental Form for VSAS Applicants** (This form requires the student's home school to complete Section II; the student will complete Section I. The student's home school must verify on this form that Universal Precautions and HIPAA training have been completed by the student within one year of the requested rotation dates. If this training is not provided by the student's home school, the student must obtain the training and upload the certificates of completion onto VSAS).

____ **AAMC Standardized Immunization Form** (This form must be completed. Documentation as described on the form must be provided to UICOMP upon acceptance to an elective. Please note that your home school's record is not accepted as proof of immunity).

____ **USMLE Step 1 Score Report or COMLEX Score Report** (Please note: Emergency Medicine and Surgery electives require USMLE Step 1 or Step 2, and will NOT accept only a COMLEX score).

____ A copy of this student's home school evaluation must be provided by the first day of the student's scheduled rotation.

Note: Visiting students are responsible for supplying their own lab coat. They pay no tuition or additional fees to UICOMP.

*If approved for a rotation, additional documentation will be forwarded with the expectation that the student will complete the documentation and return it within one week in order to be officially accepted for the rotation. Additionally, students are required to obtain immunization documentation as described on the AAMC Standardized Immunization Form and forward it to UICOMP either via email or VSAS, also within one week of being accepted for a rotation. **Students who do not comply with these requests run the risk of the elective being cancelled.** Please communicate with UICOMP's visiting student coordinator if you have issues with getting required paperwork done in a timely manner (tlliving@uic.edu).*

This section for UICOMP use only

____ Universal Precautions and HIPAA have been verified on the Supplemental Form OR
____ Universal Precautions and HIPAA have been verified via upload of certificates of completion

Requirements verified by the student's home school on VSAS:

____ Student is in good academic standing and will be in the final year of medical school
____ Student is currently certified in CPR (must be within two years of requested rotation dates).
Expiration date: _____
____ Medical liability/malpractice insurance meets the minimum requirements of \$1,000,000 per occurrence and \$3,000,000 aggregate
____ Student holds a current health insurance policy
____ Transcripts must be uploaded onto VSAS
____ Student has successfully completed all core clerkships before rotation dates (Family Medicine, Internal Medicine, Surgery, Ob/Gyn, Pediatrics & Psychiatry)

If core clerkships are not completed, please specify which: _____

____ Immunizations sent to student health for approval on _____
____ Immunizations approved and received from student health
____ Acceptance letter sent to the student
____ OSF forms sent to the student on _____
____ OSF forms signed and received on _____
____ Unity Point forms sent to the student on _____
____ Unity Point forms signed and received on _____
____ EPIC/Health Stream information sent

Elective

Rotation Dates

Chicago

Peoria

UIC

Rockford

Urbana-Champaign

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UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT PEORIA

SUPPLEMENTAL FORM
For VSAS Applicants

Office of Academic Affairs
One Illini Drive
Peoria, Illinois 61656-1649 {61605}

SECTION I: TO BE COMPLETED BY STUDENT

Name _____
First Middle Last

Date of Birth: _____ Last 4 Digits of Social Security #: _____

Will you be an M4 at the start of this elective? No Yes

For Computer Access to Hospital Medical Records: Male Female 1st Letter of Mother's Maiden Name _____

Are you interested in a residency at UICOM-P: No Yes Specialty _____

Student housing is not provided. Would you like to receive a list of possible housing options in the Peoria area? No Yes

Student's Signature Date

SECTION II: TO BE COMPLETED BY STUDENT'S HOME MEDICAL SCHOOL

The medical student named above:

has has not completed Universal Precautions training *within one year prior to arrival*
 has has not completed HIPAA training *within one year prior to arrival*

Printed Name / Signature Title

School Phone Fax E-mail

Street City State Zip

NOTE: Students from institutions other than the University of Illinois engaged in courses of clinical instruction at the University of Illinois are not covered under the Self-Insurance Program for medical professional liability.

UIC

Chicago Peoria Rockford Urbana-Champaign

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