

Checklist for Students Applying through VSLO

Student Name: _____

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

____ **Supplemental Form for VSLO 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 VSLO).

____ **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).

____ **COVID-19 Vaccination Documentation** (Students rotating at UICOMP must be fully vaccinated for COVID-19 at least 14 days prior to the start date of the rotation. If student is not medically able to be vaccinated for COVID-19, documentation from their medical school's Student Health department is required.)

____ **USMLE Step 1 Score Report or COMLEX Score Report** (Please note: Surgery electives require USMLE Step 1 or Step 2, and will NOT accept 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 **promptly** in order to be officially accepted for the rotation. Students may also receive a request from UICOMP for addition immunization documentation. **Students who do not comply with these requests run the risk of the elective being cancelled.** Please communicate with UICOMP's Visiting Student Coordinator, Amanda Franklin, if you have issues with getting required paperwork done in a timely manner (aerwin@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 VSLO:

____ 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 VSLO
____ 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

Visiting Student Coordinator: Amanda G Franklin

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