



SUPPLEMENTAL FORM
For VSLO Applicants

Office of Academic Affairs
One Illini Drive
Box 1649
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 #: _____

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

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 _____

Will you be applying for UICOMPs Underrepresented in Medicine (URM) Visiting Student Program? No Yes
(The URM Visiting Student program at UICOMP is open to medical students who identify as African/American and/or Black, Hispanic/Latino, Native American (American Indian, Alaska Native, and Native Hawaiian), Pacific Islander, mainland Puerto Rican, LGBTQ+, and students from disadvantaged backgrounds. For more information visit <https://peoria.medicine.uic.edu/education/gme/urm/>.)

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 AND 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.

Chicago Peoria **UIC** Rockford Urbana-Champaign

Visiting Student Coordinator: Amanda G Franklin
• Email: aerwin@uic.edu • Phone: (309) 671-8412 • Fax: (309) 680-8605