



ROBERT WOOD JOHNSON MEDICAL SCHOOL

University of Medicine & Dentistry of New Jersey

PISCATAWAY / NEW BRUNSWICK:

Office of the Registrar
675 Hoes Lane, Room TC-111
Piscataway, NJ 08854-5635
Phone: (732) 235 - 4565
Fax: (732) 235 - 5078

CAMDEN:

Office of the Registrar
401 Haddon Avenue, Suite 154
Camden, NJ 08103-1506
Phone: (856) 757 - 7859
Fax: (856) 968 - 6205

APPLICATION FOR OFF-SITE ELECTIVE

PART 1 (To be completed by Student)

Name: (Print) ID#

Telephone: Mailing Address

E-mail

Specific elective for which application is being made:

Title: Course #: (ie: MED:0011)

\*\*Alternative choices for this same time/date slot may be listed on the back of this page.\*\*

RWJMS Course Director's

Name

RWJMS Course Contact's Name Tel. #

Inclusive dates of elective: to or to

Signature of student: Date:

Part II

(To be completed by Dean of Students where student is enrolled)

The medical student named above is in good standing and currently enrolled as a year student at Medical School where the student will pay tuition. Malpractice insurance covers the student away from our school. Personal health coverage is in effect away from our school. A written evaluation of the student's performance (will) (will not) be required. (If required, student will submit evaluation to the department.) Students are required to have completed core clinical rotations in Family Medicine, Pediatrics, Obstetrics/Gynecology, Psychiatry, Surgery and Medicine before they can take 4th year electives at Robert Wood Johnson Medical School. The student has received and completed HIPAA (Health Insurance Portability and Accountability Act) training. The student has been instructed in safety measures and infection control precautions.

NAME OF SCHOOL OFFICIAL

ADDRESS OF SCHOOL OFFICIAL

Signature:

Print Name:

Title:

Date:

Telephone #:

Part III (To be completed by Registrar at UMDNJ)

Admission of the medical student named above to the elective for the period specified above is:

Approved. Student will receive a reminder four weeks prior to start of elective.

Not approved.

Reason: Incomplete Application

Dates do not match our Time Blocks

Course is full

Immunization Form requirement not satisfied

Signature: Registrar, Robert Wood Johnson Medical School-UMDNJ

Date:

\*\*Students should telephone the elective contact at least one week before the start of the rotation for time and place of reporting. The application is comprised of 4 forms: APPLICATION FOR OFF-SITE ELECTIVE, CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM with \$85.00 check, VISITING STUDENT'S IMMUNE STATUS and ESSENTIAL FUNCTIONS.

\*\*\*\*\* Only upon receipt of all completed forms will student's request be considered \*\*\*\*\*