FOURTH-YEAR MEDICAL STUDENT ELECTIVE APPLICATION
Beaumont Hospital, Wayne

Please review and complete all information listed below:	
APPLICATIONS ARE NOT ACCEPTED OR PROCESSED JUNE 1 - AUGUST 1	
NAME:	
ADDRESS:	
CITY/ STATE/ZIP CODE:	
PHONE #:	
E-MAIL ADDRESS:	
LAST 4 DIGITS Social Security Number:	
MEDICAL SCHOOL:	
ELECTIVE (Specify):	Family Medicine OR Podiatry
DATES OF ROTATION: *	*Rotations begin on the 1st of the month, unless it falls on a weekend or holiday, then the rotation will begin on the next day of business.

Important Considerations:

1. Applications are not accepted or processed June 1 – August 1.
2. Applications must be submitted at least **30 days in advance of the requested rotation start date.**
3. Applications missing required documents are not processed or returned.
4. **Electives are not guaranteed and can be terminated at any time.**
5. Beaumont does not sponsor visas for medical students.

RECEIVED		DOCUMENTS THAT MUST BE SUBMITTED WITH EACH APPLICATION
YES	NO	**1. A letter from your Medical School stating that you are a student in good standing**
YES	NO	**2. USMLE Step 1 score or COMLEX Level 1 score** (USMLE below 220, or COMLEX below 440, or have not taken the exam, will not be considered)
YES	NO	**3. A certificate of your liability insurance**
YES	NO	**4. A copy of your photo identification -- driver's license or school ID** (photographs are not acceptable)
YES	NO	**5. Documentation of TB test within the past 12 months**
YES	NO	**6. Current record of your immunizations**
YES	NO	**7. Documentation of annual influenza vaccine for November – April rotations**

Submit the completed application and all 7 attachments, for each rotation requested, to the Medical Education Office by Email to **medstuinfo@beaumont.org** **OR** Fax to **(313) 436-2071.**

The Medical Education Office will contact the Physicians for approval signatures.

To the Supervising Physician:

A fourth- year medical student has requested an elective rotation with you. Please sign this form as indication that you accept the student and ask the Program Director to approve and forward to the Medical Education Office.

Supervising Physician's Signature

Program Director's Signature

Falgun Patel, MD
Director, Medical Student Education

Print Supervising Physician Name

Print Program Director Name