

# AWAY ELECTIVE CHECK-OFF LIST

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone/Pager# \_\_\_\_\_

Name of School Applying To: \_\_\_\_\_

**After completing the Check-Off List and application please return all materials to Monica Perkins' mailbox located in the SAO (12-159 CHS).**

- Please allow approximately 10-14 business days for this application to be processed by the SAO so please plan accordingly. You will receive an e-mail when your application is completed.**
- You must supply a course description with this application.** If a course description is not available, you need to call the department you're applying in (i.e. Medicine) and ask them to create one. Dr. Parker will not review or approve this application unless a description is included.
- You must list the dates of the elective(s) on the "other" schools application.

## PLEASE MARK BELOW ALL THAT APPLY

### **Only mark those items requested on the "visiting" school application**

- I need an official transcript
- I need a Letter of Good Standing/Statement from the Dean
- I need a Malpractice/Immunization/Criminal Background Check Letter
- I need the Visiting Medical Student Health Clearance Form (**given to you by the school you're applying to**) signed. You must transfer your immunization information onto the "away" schools form if you want Dr. Parker to sign it. Your immunization records are available at <http://www.studenthealth.ucla.edu/> (under Health Clearance). **You must include a copy of your immunization records when you submit the Health Clearance form for Dr. Parker's signature.**
- I need proof I've had a Respiratory Mask Fit "test" (should have received copy at Clinical Foundations)
- Miscellaneous/Other: \_\_\_\_\_
- ▶ HIPAA Certificate – **PROVIDED BY YOU.** Found at <http://hr.healthcare.ucla.edu/hipaa2/main.asp>
- ▶ Proof of Respiratory Mask Fit - **PROVIDED BY YOU.** Given to you at Clinical Foundations; we do keep this information in your file.
- ▶ Board Scores – **PROVIDED BY YOU.** We **DO NOT** have paper copies of your scores
- ▶ Health Insurance Card - **PROVIDED BY YOU.** We **DO NOT** keep records of your insurance information

I will pick up the completed application

Please mail completed application and requested material to:

**You will receive an e-mail when the application is available to pick up.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The SAO office hours are:  
M – F; 8:00am – 5:00pm**