

Austin Medical Education Programs *and* UTMB at Austin

Application for 4th Year Medical Student Elective

Thank you for applying for a 4th year medical student elective with Austin Medical Education Programs and UTMB at Austin.

Applications can only be considered for senior students from LCME accredited Medical Schools.

Please complete the attached application form and return to:

Adriane Thompson - Student Coordinator
UTMB Office of Regional Medical Education
1313 Red River, Suite 120
Austin, TX 78701

Your complete application packet must include:

1. Fourth Year Student Elective Application (4 pages)
2. *Fourth page must include passport sized photo
WE WILL NOT ACCEPT PHOTO COPIES OF A PHOTO
3. *Proof of Liability Coverage
4. *Letter from Dean that you are a medical student in "good standing."

*Not applicable to UTMB students.

Your application will not be considered until it is complete.

Again, thank you for your interest in our programs. We look forward to being a part of your medical training. Please call us if you have further questions, 512-324-7860.

Austin Medical Education Programs Fourth Year Student Elective Application

Please print or type

DO NOT LEAVE ANY BLANKS

Identifying Information

Last Name	First	Middle Initial	
Present Address	Street	City/State/Zip	Telephone Number
Permanent Address	Street	City/State/Zip	Telephone Number
Birthplace	Date of Birth	Social Security #	Email Address (required)
Emergency Contact Name	Emer Contact Relationship		
Emer Contact Phone Number	Emer Contact Cell Phone Number		

Please list and provide an explanation of any condition(s) which could potentially impair your ability to sustain and/or complete the requirements of the externship.

Rotation Requested:	Date Requested:
1. _____	Start: _____ End: _____
2. _____	Start: _____ End: _____
3. _____	Start: _____ End: _____
5. _____	Start: _____ End: _____
6. _____	Start: _____ End: _____

Requested Elective(s)

Comments: _____

PLEASE NOTE:

Elective Rotations are limited to 4th Year Medical Students.

Date you will become a 4th year student: _____

Undergraduate Education

1. _____
Institution City/State Dates Attended
2. _____
Institution City/State Dates Attended

Medical School

-
- | | | |
|-------------|------------|--------------------------------|
| Institution | City/State | Anticipated Date of Graduation |
|-------------|------------|--------------------------------|
-
- | | |
|------------------------|-------------------------------------|
| Present Classification | Classification at Start of Elective |
|------------------------|-------------------------------------|

Academic Standing: Top 1/3 _____ Middle 1/3 _____ Lower 1/3 _____

Academic Honors

1. _____
2. _____
3. _____

Research Experience

1. _____
2. _____
3. _____

Hospital Experience

1. _____
2. _____
3. _____

Professional Plans

-
-
-

Signature: _____

UTMB students stop here.

Medical Student Elective Approval

Student's Name: _____

Medical School: _____

Year of Study: _____ Elective(s): _____

Date(s) of Elective: _____

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The above named student is confirmed as a medical student at our institution. This student has been approved for the stated elective during the stated time period. During the elective period the medical student is covered by liability insurance provided by our institution.

Liability Insurance Provider: _____

Official School Representative Signature: _____

Date: _____

Affix official medical school seal here

Please return this form to:
Adriane Thompson - Student Coordinator
UTMB Office of Regional Medical Education
1313 Red River, Suite 120
Austin, TX 78701

Student Photo Identification and Recognition Form

STUDENT PHOTO

Please attach a passport-sized photo here

NO PHOTOCOPY OF PHOTO ACCEPTED

**Student
Printed Name**

**Student
Signature**

**By signing below, I acknowledge that the photo above is of
student as indicated by name below the photo.**

Program Coordinator Signature: _____ **Date:** _____

Program Coordinator Printed Name: _____