Elective Approval
For International Electives

Students complete this form to enroll for an international elective.
1. Complete the contact information for the site
2. Write measurable learning objectives (e.g. At the end of the elective, the student will be able to…..) as well as a description of the roles and responsibilities of the student for this elective
3. Submit the form to the Office of Undergraduate Medical Education

Once approval is granted:
1. Make an appointment with the Registrar to sign waivers (call 444-9547, 1030). Bring mailing address, start/end dates, elective name to appointment.
2. After waivers are signed, student submits form to site for signature, and site returns it to the UGME office by 30 days prior to the start of the rotation. The form may be faxed.
3. Complete the ITP (International Travel Policy) forms for the School of Medicine. Then log onto the following website to complete information for West Campus: http://www.stonybrook.edu/iaps/international_travel_policy.html. This must be done at least one month prior to departure date.
4. Purchase MEDEX and international health insurance at Student Health Services
5. Check the US Travel Warning Web pages to be sure your site is not on the list. If your site is put on the list while your application is being processed, you must meet with the Office of International Studies for permission to go and to sign additional waivers.

To contact the Office of Undergraduate Medical Education:
Fax 1-631-444-9521 Phone 1-631-444-1030
The Office of Undergraduate Medical Education
Stony Brook University School of Medicine
Stony Brook, NY 11794-8432
Elective Approval
For International Electives

Please print or type all information.

Contact Information

Student’s Name_______________________________ Today's Date_________________
Supervisor’s Name and Title (person who will supervise you at the site) Please print:

________________________________________________________

Official Site Name_________________________________________________________________

Official Mailing Address for the Site:
__________________________________________________________________________________
__________________________________________________________________________________

Name and Email address of the elective coordinator at the site:
__________________________________________________________________________________
___________________________________________________________________________________

Site Phone Number (        )____________________ Site Fax Number (   )_____________

Title of
Elective_____________________________________Department__________________

Total hours of supervision per week__________ Number of weeks ___________

Elective Period: Start date__________________ End Date_________________________

The location of this elective is ___ is not ___ on the US Travel Warning Webpage.

Learning Objectives

This elective has the following behavioral learning objectives. Objectives should be measurable. At the end of this rotation, the student should be able to…

1.
2.
3.
4.

A general description of student’s responsibilities and duties while at elective site (an official description of the international rotation can be attached to the form):

UME Office approval YES_____ NO____
Signature_______________________ Date________________

Page 2 of 3
Liability Insurance Information

One of the following must be signed before the site supervisor signs:

To be completed in the UME:

| Rotation Site/Official Address | _______________________________ |

1. A confirmed affiliate agreement exists for this site as of this date and will be in effect while the student rotates at this site.

UME initial          Date

2. An affiliate agreement is being negotiated for this site and will be confirmed by 30 days prior to the start of this rotation, or the student will drop the rotation and take a back up rotation which the student has set up at an affiliated site.

UME initial          Student Signature

3. The student will be attending an unaffiliated site in a foreign country. The student is aware that there is no liability coverage available while he/she rotates at this site and has signed a liability waiver form, which is on file in the Office of Medical Education. The site has been notified that there is no liability insurance for the student while he/she rotates there. (This form will be sent to the site and functions as notification of liability insurance coverage status.)

UME initial          Student Signature          Date

International Site Approval

A student evaluation form will be provided by the student or the student’s home school. It should be returned to the Office of Undergraduate Medical Education, Stony Brook School of Medicine, Stony Brook, NY 11794-8432 within two weeks of the completion of this elective. Please read the Liability Insurance Information above. Your signature affirms that you are aware of the status of liability coverage (or lack of coverage) for this student for this rotation and offer this elective to the student. If no status is indicated above, please contact our office at 631-444-1030 for the status of liability coverage for this site.

The site offers this elective to this student during the time period designated above.

Signature of Site Supervisor (required)

Please fax pages 2 & 3 of this form to 631-444-9521 after signing. Thank you.

Student Acceptance of Elective: I will complete this elective.

________________________________________ (Student Signature)