

MICHIGAN STATE  
UNIVERSITY

COLLEGE OF HUMAN MEDICINE APPLICATION FOR ELECTIVE CLERKSHIP

**MSU-CHM APPLICATION FOR ELECTIVE CLERKSHIP SECTION I**  
*To be completed by student*

Name \_\_\_\_\_ Medical School \_\_\_\_\_  
Address \_\_\_\_\_ School Address \_\_\_\_\_  
Phone \_\_\_\_\_ School Contact Person \_\_\_\_\_  
Email \_\_\_\_\_ School Contact Person Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Emergency Contact Name/Phone Number \_\_\_\_\_  
Gender  Male  Female Last 4 Digits of SSN \_\_\_\_\_

**Elective/Date Requests** (*all date requests must start and end on a weekday*)  
1<sup>st</sup> Choice \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
2<sup>nd</sup> Choice \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
3<sup>rd</sup> Choice \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Are you considering applying to one of our residencies?  Yes  No  Unsure  
If so, which residency program are you interested in? \_\_\_\_\_

Will you require housing information?  Yes  No

**MSU-CHM APPLICATION FOR ELECTIVE CLERKSHIP SECTION II**  
*To be completed by student and verified by medical school*

**Prior to the requested elective clerkship(s), I will have completed the following required clerkships:**

Family Medicine  Surgery  \_\_\_\_\_  
 Internal Medicine  OB/GYN  \_\_\_\_\_  
 Pediatrics  Psychiatry  \_\_\_\_\_

Have you passed USMLE Step 1 OR COMLEX Level 1?  Yes  No Score \_\_\_\_\_

Have you passed USMLE Step 2 Clinical Knowledge OR COMLEX Level 2 Exam?  Yes  No Score \_\_\_\_\_

Have you passed USMLE Step 2 Clinical Skills Exam?  Yes  No

Are you currently authorized to be in and study in the United States?  Yes  No

If not a U.S. citizen or permanent resident, what is the visa status that permits you to live and study in the United States? \_\_\_\_\_ (attach copy of visa to application)

Have you completed the following required JCAHO/HIPAA educational requirements?

Yes  No  Unknown Completed required HIPAA General Orientation  
Date last completed \_\_\_\_\_

Have you completed the following required training within 12 month period preceding requested elective(s)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Universal Precautions	Date last completed	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Blood Borne Pathogens	Date last completed	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	TB Education	Date last completed	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	TB Mask Fitting	Date last completed	_____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Color Blindness Testing	Date last completed	_____

**MSU-CHM APPLICATION FOR ELECTIVE CLERKSHIP, SECTION III**  
*To be completed by medical school Dean of Student Affairs or designee*

**Please provide the following information on:** \_\_\_\_\_  
(Please print student name)

Yes  No The above named student is a student in good standing.

Expected Date of Graduation: \_\_\_\_\_

Yes  No S/he is approved to take the requested elective(s).

Yes  No S/he will be covered by home medical school liability insurance while rotating at MSU/CHM.  
Please state aggregate insurance amount plus per instance insurance amount:  
\_\_\_\_\_

Yes  No S/he will be paying tuition & receiving credit for this elective at home medical school.

Our records show that this student has:

Yes  No  Unknown Personal health coverage which will be in effect during this elective.

Yes  No  Unknown This student has acute or chronic health problems or special accommodations that need to be in place to successfully complete this elective.

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Immunizations:

**Documentation of health information listed below must be attached**

Yes  No  Unknown

Provides documentation of negative PPD. If has had a reactive PPD in the past and a negative chest x-ray, must provide documentation of a negative symptom review.

Yes  No  Unknown

Received a Tetanus/Diphtheria vaccination within the last 10 years  
Date of last Tetanus/Diphtheria vaccination: \_\_\_\_\_

Yes  No  Unknown

Received an adult Pertussis vaccination

Yes  No  Unknown

Received 3 doses of Polio vaccine  
 OPV OR  IPV

Yes  No

**Meets Rubeola Requirement:**

(1) If student was born before 1957:

- One dose of live Rubeola vaccine or proof of immunity (serology or physician-documented history of disease)

**OR**

(2) If student was born after 1957:

- Two doses of live Rubeola vaccine on or after the 1<sup>st</sup> birthday and spaced at least 28 days apart or proof of immunity (serology or physician-documented history of disease)

Yes  No

**Meets Rubella Requirement:**

One dose of live Rubella vaccine on or after the 1<sup>st</sup> birthday  
**OR** proof of immunity (serology)

Yes  No

**Meets Mumps Requirement:**

(1) If student was born before 1957:

- One dose of live Mumps vaccine or proof of immunity (serology or physician-documented history of disease)

**OR**

(2) If student was born after 1957:

- Two doses of live Mumps vaccine on or after the 1<sup>st</sup> birthday and spaced at least 28 days apart or proof of immunity (serology or physician-documented history of disease)

Yes  No

**Meets Varicella Requirement:**

Two doses of Varicella vaccine (at least 4 weeks apart)

**OR** evidence of immunity (serology or physician/parent-documented history of the disease)

Yes  No

**Meets Hepatitis B Vaccine:**

Three doses of Hepatitis B vaccine

Vaccination Dates: \_\_\_\_\_

**Meets Hepatitis B Proof of Immunity:**

A positive titer is required, unless it has been over one year since your third dose. (Must attach copy of serology report showing immunity)

Date of titer: \_\_\_\_\_

If the titer is negative additional vaccinations required:

Vaccination Dates: \_\_\_\_\_

I authorize my Dean's office, Institutional Compliance Officer or physician to provide all verification and health information in Sections II-III of this application.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I verify that all information in Sections II and III of this application are accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name, Dean of Student Affairs  
(or designee)

\_\_\_\_\_  
Date

**AFFIX SCHOOL  
SEAL**

**RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:**

**Andrea Berry, M.P.A., Community Administrator  
Grand Rapids Medical Education & Research Center**

**Michigan State University College of Human Medicine, Grand Rapids Campus**

**MICHIGAN STATE  
UNIVERSITY**

**1000 Monroe NW**

**Grand Rapids, MI 49503**

**andrea\_berry@grmerc.net**

**MICHIGAN STATE  
UNIVERSITY**

**Phone: (616) 732-6205**

**Fax: (616) 732-6257**

**ELECTIVE WILL NOT BE PROCESSED UNTIL REQUIRED PAPERWORK IS RECEIVED**



**BACKGROUND INVESTIGATION RELEASE STATEMENT**

**Print Full Name** \_\_\_\_\_

**Other Names Used** \_\_\_\_\_

**Maiden Name** \_\_\_\_\_

**Date of Birth \*** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Drivers License Number** \_\_\_\_\_ **State** \_\_\_\_\_

**Residence History: (please provide a seven (7) year history)**

**Current address first – Include city, county, state, zip, country, and dates at each address:**

Address, City, County, State, Zip, Country	Dates at each address
1.	
2.	
3.	
4.	
5.	
6.	
7.	

**Employment History/Information (Please provide a seven (7) year history)**

**1. Name of employer** \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Address, city, state, zip, country \_\_\_\_\_

Area code-Phone number \_\_\_\_\_ Dates of employment \_\_\_\_\_

**2. Name of employer** \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Address, city, state, zip, country \_\_\_\_\_

Area code-Phone number \_\_\_\_\_ Dates of employment \_\_\_\_\_

**3. Name of employer** \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Address, city, state, zip, country \_\_\_\_\_

Area code-Phone number \_\_\_\_\_ Dates of employment \_\_\_\_\_

**4. Name of employer** \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Address, city, state, zip, country \_\_\_\_\_

Area code-Phone number \_\_\_\_\_ Dates of employment \_\_\_\_\_

**5. Name of employer** \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Address, city, state, zip, country \_\_\_\_\_

Area code-Phone number \_\_\_\_\_ Dates of employment \_\_\_\_\_

\*Date of Birth to be used exclusively for record checking purposes and will not be used for any other purposes.

Prior to your Visiting Student rotation and as a part of the Visiting Student Application process with GRMERC, I understand that investigative background inquiries are going to be made on me. I understand that you will be requesting information from various Federal, State, Local and other agencies which maintain records concerning my past activities relating to my driving history, credit, criminal, civil and other experiences. These reports may also include inquiries regarding my educational history and past work experience and performance including reasons for termination of employment.

I authorize, without reservation, any party or agency contacted by this organization and its agents to furnish any of the above mentioned information or any other information requested. I understand that such information may contain my social security number. I release all parties from all liability for any damage that may result from furnishing that information to this organization.

I understand that the information generated, received or maintained during and as a result of this investigation will be maintained as confidential information.

A photocopy of this document is considered to be as valid as the original document.

I acknowledge that I have received a copy of my rights under the Fair Credit Reporting Act.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051