

## **REQUIREMENTS FOR VISITING INTERNATIONAL STUDENTS TO BE COMPLETED UPON ACCEPTANCE**

### **1. UIC IMMUNIZATION COMPLIANCE FORM**

- Form completed, signed and verified by an MD, DO, RN, CANP or PAC; **and**
- Copies of immunization records and lab slips supporting the UIC Immunization Compliance Form.

### **2. HEALTH INSURANCE**

Specific coverage/benefits provided (i.e. Student's Name, Effective Dates, Group or Policy Number, Coverage Limits, Hospitalization, Emergency Care, Evacuation, and Repatriation) certified by:

- A copy of personal health insurance card **and** detailed information on the coverage of benefits provided (i.e. coverage limits, hospitalization, emergency care). A booklet or pamphlet from the company will suffice **-or**
- Language in a letter from Dean of Students certifying coverage of health insurance while at the UIC, College of Medicine.

### **3. VALID VISA STATUS**

- International visiting students can enter the U. S. on a B-1 visa.

### **4. HIPAA CERTIFICATION**

- <http://www.hipaatraining.com> HIPAA certification date (documentation); Certificate required: HIPAA Awareness for Healthcare Providers

### **5. CPR TRAINING**

- Copy of certification of training

### **6. TOEFL**

- Click here for the TOEFL certification at [ets.org](http://ets.org)
- Medical school courses taught in English need to be verified in the Letter of Good Standing

### **7. MALPRACTICE INSURANCE**

- A copy of liability insurance or a letter from the Dean of visitor's medical school indicating limits of liability not less than \$1 million per occurrence and \$3 million per policy period. **Students rotating in surgical electives must carry a policy that allows for assisting in surgeries:** orthopaedics, surgical pathology, neurological surgery, otolaryngology, ophthalmology, urology, general, transplant, cardiothoracic, surgical critical care, surgical oncology, vascular, plastic & reconstructive, and colorectal.

### **8. EVALUATION FORM**

- Visitor's medical school should provide blank evaluation form with instructions for return by mail to appropriate entity-**or**  Preceptor will use **UIC** form. When completed it will be given to the student and to the Office of International Education. Please scan and email these additional items as a single PDF file to [visitcom@uic.edu](mailto:visitcom@uic.edu) at least **4 weeks** prior to your elective start date or you will forfeit your spot.

## **ADDITIONAL REQUIREMENTS TO BE COMPLETED AT ORIENTATION**

### **1. ELECTIVE FEE**

- \$3,000.00 USD processing fee per elective**, payable to "UIC" in the form of cash, money order, or cashier's check drawn from a US bank, or a credit card. Personal check permitted if from a U.S. bank. Wire transfer credit card is not permitted. Elective fee is **non-refundable and due at orientation**.

### **MANDATORY DRUG SCREENING**

- Mandatory drug screening must be done at UIC Health Sciences (this will be scheduled by the Office of International Education) and will take place on the first day of the student's rotation as part of orientation.

### **MANDATORY RESPIRATOR FIT TEST**

- Mandatory respirator fit test must be done at UIC Health Sciences (this will be scheduled by the Office of International Education) and will take place on the first day of the student's rotation as part of orientation.

Visiting students are responsible for their own short lab coat, meals, transportation, and living arrangements. Questions may be directed to [visitCOM@uic.edu](mailto:visitCOM@uic.edu).