

Application Requirements

All U.S. Medical School Student Clerkships

- Signed** copies of the clinical clerkship/elective application **and** the confidentiality acknowledgement form
- Letter from the Dean of your medical school stating approval of this rotation, class rank, and statement that you have passed a national background check
- Current Certificate of Liability Insurance from your medical school with the following minimum coverage:
 - \$1 million per incident (US Dollars)
 - \$3 million aggregate (US Dollars)
- Each rotation is four weeks in length, and two rotations maximum are allowed per year
- Immunization records (with dates) and/or immunity documentation for the following:
 - Measles-Mumps-Rubella (MMR) – vaccine or positive virus titers
 - Hepatitis B Vaccine – administration dates of three-dose vaccine series or positive HBsAb titer
 - Tetanus/diphtheria Vaccine administration within the past 10 years
 - Varicella (Chicken Pox) Vaccine, or positive virus titer, or written proof from physician that you have acquired immunity after having the disease
 - Current proof of a negative TB skin test, QuantiFERON blood test, or current normal (negative) chest X-ray results; negative TB signs/symptoms form if you have previously tested positive
- Proof of personal health insurance coverage
- Verification of HIPAA training
- Copy of Board Scores for USMLE (83 or higher) or COMLEX (50 or higher); application will not be reviewed without an actual copy of your score if you are beyond a 3rd year medical student
- Copy of school ID, Passport or State Issued ID Card/Driver License
- Curriculum Vitae
- Payment of \$200/week for core rotations for students attending private (for-profit) Universities
- Eight weeks maximum allowed per academic year

Foreign Medical Student Clerkships

- All of the above, **PLUS**:
- Copies of USMLE scores - we require scores of 83 [205] or higher on Steps I and II on the *first* attempt
- You must be in your final year of training
- \$100.00 non-refundable application fee. Please make check or money order payable to Maricopa Medical Foundation.

Note: There is a \$25.00 fee for insufficient funds on returned checks.

Observerships (Domestic or Foreign Medical Graduates)

- Signed** copies of the observer application **and** the confidentiality acknowledgement form
- Curriculum Vitae (please be sure to include visa type if applicable – we do not accept or sponsor any visas)
- Documentation of USMLE scores: REQUIRED SCORES of 83 [205] or higher on Steps I and II (CK) on the *first* attempt, and a passing score on the CS exam; ECFMG certification preferred
- Copy of medical school diploma
- Two letters of recommendation
- Proof of two months U.S. clinical experience **REQUIRED** – no exceptions will be made
- Immunization records to include date documentation of:
 - Measles-Mumps-Rubella (MMR) – vaccine or positive virus titers
 - Hepatitis B Vaccine – administration dates of three-dose vaccine series or positive HBsAb titer
 - Tetanus/diphtheria Vaccine administration within the past 10 years
 - Varicella (Chicken Pox) Vaccine, or positive virus titer, or written proof from physician that you have acquired immunity after having the disease
 - Current proof of a negative TB skin test, QuantiFERON blood test, or current normal (negative) chest X-ray results; negative TB signs/symptoms form if you have previously tested positive
- Proof of personal health insurance coverage – must be provided with application, no exceptions
- Verification of HIPAA training
- \$100.00 non-refundable application fee, made payable to Maricopa Medical Foundation, for each rotation
- \$450.00 non-refundable institutional fee, made payable to Maricopa Integrated Health System, for each rotation
- Each rotation is four weeks in length, and two rotations maximum are allowed per year

Note: There is a \$25.00 fee for insufficient funds on returned checks.

Links universalbackground.com/applicants/mihs
hipaatraining.com/businessassociates.aspx

Send all of the above requested forms and this form to:

Maricopa Medical Center
Department of Medicine
2601 E. Roosevelt Street, # 0D10
Phoenix, AZ 85008
Phone (602) 344-5768 Fax (602) 344-1488

I hereby testify that I have included all required documents at the time of application. I understand that if it is discovered that I have failed to provide any required documentation, my application will not be processed any further. If I am already performing my clinical rotation and documentation is discovered to be missing, I understand that I may be immediately dismissed from the program and will not eligible for any future rotations.

Signed

Date

Printed Name