



The MetroHealth System Non-VSLO Application Requirements

All Pre-Decision requirements must be submitted to visitingstudent@metrohealth.org in order for request(s) to be reviewed.

MetroHealth requires an affiliation agreement with a medical student’s home school prior to participation in clinical rotations at our institution, if one is not already in place. Once an agreement is fully executed, the student is responsible for the non-refundable \$150 fee per 4-week elective (payment link will be emailed to student).

PLEASE NOTE: Students are responsible for obtaining their own visa. MetroHealth is unable to sponsor visas for medical students.

	Requirements	Responsibility	Phase
<input type="checkbox"/>	Completed Application	Student	Pre-Decision
<input type="checkbox"/>	Completed Clerkship & Elective Completion Page signature of school official required	Home Institution	
<input type="checkbox"/>	USMLE Step 1 or COMLEX Level 1 Test Results	Student	
<input type="checkbox"/>	CV/Resume	Student	
<input type="checkbox"/>	Personal Statement	Student	
<input type="checkbox"/>	Student Background & Health Requirements Form	Home Institution	
<input type="checkbox"/>	AAMC Uniform Clinical Training Affiliation Agreement if one is not yet in place	Home Institution	Post-Decision
<input type="checkbox"/>	Certificate of Malpractice Insurance Coverage limits of liability must be no less than \$1,000,000 per occurrence/\$3,000,000 annual aggregate	Home Institution or Student	
<input type="checkbox"/>	Non-Refundable Fee per Elective \$150 for a 4-week rotation	Student	

Submit requirements to the GME Student Coordinator at visitingstudent@metrohealth.org

If approved/scheduled, students will need to provide documentation of the following vaccinations

- **Negative TB** results within the last 12 months
- **COVID-19** completed original series and/or bivalent booster
- **Season Influenza** for rotations November through April
- **Hepatitis B** series of 3 doses or titer showing immunity
- **Measles/Mumps/Rubella** series of 2 doses or titer showing immunity
- **Tetanus/Diphtheria** booster within the last 10 years
- **Varicella (Chickenpox)** series of 2 doses, titer showing immunity, or documented history



The MetroHealth System Non-VSLO Application

All Medical students completing rotations at the MetroHealth System MUST complete this application PRIOR to the assigned rotation/elective. All students must be in good standing with their medical school and in their final year with all cores completed to participate in the student program at MetroHealth Medical Center. Failure to comply with The MetroHealth system policies & procedures & conditions for rotations will result in the suspension of said rotation and the inactivation of all electronic access.

Demographic Information

Please Print Legibly

New to MetroHealth? No Yes Date: _____

Last Name _____ First Name _____ MI _____

Male Female YR in School: _____ Social Security #: xxx-xx-_____ DOB: _____

Address _____ Apt # _____ Phone # _____

City _____ State _____ Zip _____ Email _____

Emergency Contact Information

Name & Relationship of Contact: _____

Phone: _____

Medical School Information

Name of Medical School _____ Expected Grad Date: ____/____/____

Address _____

City _____ State _____ Zip _____

Contact Person at School _____ Phone # _____

Contact Person Email: _____

Elective Information

Refer to the GME website for course codes/titles and rotation calendar.

Elective Requested	Rotation Blocks(s) requested <i>(in order of preference)</i>	MetroHealth Approval	
		Scheduled Start/End Dates	Program Director Approval <i>(sign/date)</i>

★ How many electives would you like to do at MetroHealth? _____ (maximum of 3 Electives)



STUDENT BACKGROUND & HEALTH REQUIREMENTS

Background Checks. All Students are required to have a satisfactory nationwide background check spanning at least the previous 7 years that was:(a) completed no more than one year prior to the start of their educational program with their School and (b) performed by a vendor accredited by the NAPBS. The School is responsible for reviewing the results of the Background Checks for all Students and notifying MetroHealth of any charges or offenses identified that are relevant to the Student’s area of study. MetroHealth shall retain sole discretion to determine whether an individual with such a charge/offense identified in the Background Check may participate in the Program at MetroHealth.

Drug Testing. All Students are required to have a satisfactory 10-panel drug test completed no more than ninety (90) days prior to the start of their educational program with their School. The School shall retain responsibility to re-test any Students as may be deemed necessary by School. Students also will be subject to MetroHealth for-cause testing policies. The School will be responsible for reviewing the results of the Drug Tests and must notify MetroHealth of any positive results identified by the Drug Tests. No Students will be accepted into the Program at MetroHealth unless the Drug Test is negative.

Immunizations. The following requirements and guidelines apply to immunizations for Students. The requirements must be fulfilled prior to the start of their participation in the Program and MetroHealth will not provide any such immunizations to Students.

- *Tuberculosis (TB).* Students must present no immediate risk of exposing MetroHealth patients to TB at the time they start their Program at MetroHealth based on receiving appropriate surveillance for TB (blood testing, skin testing, or symptom questionnaire, as appropriate to the Student). This surveillance must have been performed within twelve months prior to the start of their Program at MetroHealth and updated every 12 months thereafter.
- *Influenza.* Students training onsite at MetroHealth during flu season (as is determined by the CDC each year) must receive an annual flu vaccine or have an approved medical or non-medical/religious exemption approved by School. The vaccine must be received by November 1st of any given year or within 15 days after they start their Program at MetroHealth, whichever is later.
- *COVID-19.* Students must be fully vaccinated against COVID-19 or have an approved medical or non-medical/religious exemption approved by School. To be fully vaccinated, Students must receive all doses, including any supplemental or booster doses, annually or as otherwise required by MetroHealth.

Vaccination Exemptions. The School is responsible for reviewing and making determinations on any Influenza and COVID-19 vaccine exemption requests in accordance with MetroHealth’s policy, “Vaccination Program for Non-Employed Workforce Members.” All exempted individuals must abide by MetroHealth’s infection prevention measures, including masking (surgical, N-95 or equivalent) at all times.

Health Status Confirmation/Documentation. Students and/or School must provide confirmation and/or documentation of their TB results and Influenza and COVID-19 vaccination status upon MetroHealth’s request.

Other Vaccinations. Students should be encouraged to receive additional immunizations for Hepatitis B, Measles, Mumps, Rubella, Chicken Pox, and Diptheria Tetanus. Such immunizations are highly recommended, but not required. The School and Students assume the risk of Students’ exposure to such diseases if immunizations are not secured or maintained over the course of their Program at MetroHealth.

School Acknowledgement:

I am an authorized representative of _____ (Program) at _____ (School) and I hereby attest that 1) the Student requesting to participate in the placement at MetroHealth complies with the above requirements and 2) documentation of such compliance is kept on file at School and can be provided during future audits. Failure to provide this documentation within 48 hours of request by MetroHealth may result in revocation of the educational affiliation. A signed copy of this Acknowledgement form should be filed with the School and with the MetroHealth GME office for at least one (1) year following the conclusion of the Student’s training at MetroHealth.

Name: _____

Title: _____

Signature: _____

Date: _____



**Clerkships and Electives Completion Summary
TO BE COMPLETED BY THE DEAN OF THE STUDENT'S SCHOOL**

Student Name: _____

Grad Year: _____

Core Clerkships Completed

Clerkship Name and Location	Inpt	Outpt	Dates
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Electives Completed

Elective Name and Location	Inpt	Outpt	Dates
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

The above name student is in good standing at this institution. The student will pay tuition at this school during the period indicated. Malpractice insurance does cover the student away from this school. Personal health coverage is in effect away from the school. The student is authorized to take this elective.

Name and Mailing Address to send completed school evaluation for student:

Signature of Dean or School Official verifying above clerkships and electives is required.

Name: _____

Title: _____

Signature: _____

Date: _____



All students are required to wear a MetroHealth System ID badge. This ID badge must always be visible while on the MH Campus. You will obtain your ID Badge during your student orientation. You will be required to present one of the following forms of identification to obtain your MetroHealth ID Badge:

- a) Valid Driver’s License (Ohio, other states, international)
- b) State Identification Card (obtained through the license bureau)
- c) Valid Passport

I understand that MetroHealth Medical Center assumes no liability for any medical costs incurred by me while I am participating in an elective at MetroHealth Medical Center. I agree to notify MetroHealth Medical Center 30 days prior to my scheduled elective dates should I be unable to participate in the elective. I understand that confirmation of acceptance into any elective cannot be given until MetroHealth Medical Center has notified me. I also understand I can participate in a maximum of three electives at MetroHealth Medical Center.

I certify that all information contained in this application is true and correct.

Student Signature

Date

ACCEPTANCE OF TERMS to rotate through MetroHealth

I hereby authorize the release of my background check, drug screen, vaccinations, PPD/TB results and/or chest x-ray findings to the MetroHealth Graduate Medical Education affiliate coordinator, Employee Health Department, and/or the Department Coordinator(s) of The MetroHealth System as part of the rotation requirements.

I have read the application and agree to comply with the rules and regulations of the MetroHealth System.

Student Signature

Date

How did you hear about the medical student opportunities at MetroHealth (select all that apply)?

- Internet
- Medical School Registrar/Dean
- Peers
- Medical Student Fair (Location: _____)
- Other: _____

As employers/government contractors, we comply with government regulations and affirmative action responsibilities. To help us comply with government record keeping, reporting and other legal requirements, please fill out this Self Identification Sheet. This data is for analysis and record keeping purposes only.

Race/Ethnic Group – Used for Diversity Data

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Native
- Indian Subcontinent
- Other _____

Fluent in other languages: _____