

Appendix D: Single Elective Affiliation Agreement and Rotation Description Form



St. George's University
SCHOOL OF MEDICINE
Grenada, West Indies

Office of Clinical Education Operations

Single Elective Affiliation Agreement and Rotation Description

St. George's University School of Medicine hereby certifies that, _____ is a matriculated student in good standing and has satisfactorily completed all basic science courses, introduction to clinical sciences and appropriate core clinical training rotations and further represents he/she is fully prepared to begin elective clinical training.

St. George's University acknowledges that this student has been medically examined. No condition has been found which would preclude patient contact. The University attests that malpractice insurance is provided. The school will review the rotation description below to ensure its academic standards are in conformity with its own program and will provide written acknowledgement of approval/disapproval before the program may begin.

Name of Institution: _____
(Name of ACCME or AOA program location and sponsoring institution)

Address: _____

The institution represents it has an ACGME or AOA approved residency program in _____ and will allow this medical student to do an elective rotation under the supervision of _____ M.D., an authorized and/or appointed member of its physician staff. Upon completion of the rotation, the supervising physician will complete and sign the SGUSOM evaluation form and return to the address below.

Contact Person: _____ E-mail: _____

Phone: _____ Fax: _____

Elective Name: _____

Please note the following:

- Participating Student is responsible for any/all program fees
- This Single Elective Affiliation Agreement may not be amended

This agreement will begin on the _____ day of _____, 20____, the first day of the rotation, continue in effect during the clerkship and will terminate when the program is completed.

By: _____
(Name of Institution)

By: _____
(Name of Institution)

Gary Belotzerkovsky, VP, Clinical Education Ops.

Authorized Representative

Please return this form to:
Office of Clinical Education Operations Attn: Unaffiliated Electives
University Support Services, LLC
3500 Sunrise Hwy., Bldg. 300, Great River, NY 11739