

**Temple University School of Medicine Clinical Campus
at West Penn Allegheny Health System
Application for LCME Approved Schools - Student Electives**

**Please complete the entire form and return it to the Student Affairs Office
Allegheny General Hospital, 320 E. North Avenue, First Floor, South Tower, Pittsburgh, PA 15212
An individual application must be completed for each requested rotation**

Name: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail Address: _____

Medical School: _____

Requested Rotation: _____

Dates From: _____ to _____

Alternate Date From: _____ to _____

Student Must Provide the Following:

- I. • Letter of Good Standing from Medical School
- II. • Immunization Documentation including titers and PPD (attached)
- III. • Proof of Personal Health Insurance
- IV. • Proof of Malpractice/Liability Insurance
- V. • PA Child Abuse
- VI. • Criminal History
- VII. • FBI Fingerprinting
- VIII. • An evaluation will be required (copy of School's Evaluation form must be provided)

Yes No Housing Needed

Yes No Parking Needed (Provide – make, model, year, color and license plate number)

Signature: _____ Title: _____ Date: _____

All requested information must be received four (4) weeks
prior to the start of the requested rotation