

AWAY ELECTIVE CHECKLIST FOR NON-VSLO ELECTIVES

Date Today: _____ Name: _____ Email: _____

Name of Site Applying To: _____ Proposed Elective Date: _____

Course Description

Please Select Your Preference

- Please email completed application and requested materials to:

Please Mark Only the Items Requested for the Away Elective Application

- | | |
|--|--|
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> Immunization Letter |
| <input type="checkbox"/> Letter of Good Standing/Statement from the Dean | <input type="checkbox"/> Miscellaneous/Other (Please see “provided by You” section below): |
| <input type="checkbox"/> Professional & General Liability Insurance Letter | _____ |
| <input type="checkbox"/> Health Insurance Letter | _____ |
| <input type="checkbox"/> Criminal Background Check Letter | |

Provided By You

- Visiting Medical Student Health Clearance – Schedule an appointment with the [Arthur Ashe Student Health Center](#) or your healthcare provider. SAO cannot sign the Health Clearance form.
- [HIPAA Certificate](#) – You must access the site on-campus or via VPN.
- Proof of Respiratory Mask Fit & BLS – This can be found on My Courses under Academic History.
- Board Score Transcripts – SAO **DOES NOT** have paper copies of your USMLE scores.
- Health Insurance Card - SAO **DOES NOT** keep records of your insurance information.

Friendly Reminders

1. **Timeline:** Please allow approximately 10-14 business days for this application to be processed by the SAO. You will receive an e-mail notification when your application is completed.
2. **The SAO cannot review or approve your application unless a description is included.** Please supply a course description with your application. If a course description is not available, you need to call the department you are applying in (e.g. Medicine, Pediatrics, Surgery, etc.) and ask them to create one.
3. You must list the dates of the elective(s) on the application.
4. Complete and submit a check-off list for each non-VSLO away elective application

Once you have completed all of the above, please email all documents to Alia Bakr (abakr@mednet.ucla.edu).

The SAO Hours are: Monday – Friday 8:00AM – 5:00PM