

**UNIVERSITY OF HAWAII  
JOHN A. BURNS SCHOOL OF MEDICINE (JABSOM)  
OUT-OF-STATE ELECTIVE FORM**  
(for JABSOM medical students seeking electives out-of-state)

**I. TO BE COMPLETED BY JABSOM STUDENT APPLYING FOR ELECTIVE (instructions on back page)**

Name \_\_\_\_\_ Ph./Pgr. # \_\_\_\_\_  
Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
Currently a \_\_\_\_\_ 3<sup>rd</sup> or \_\_\_\_\_ 4th year medical student

Name/Title of Requested Elective/s: 1st Choice: \_\_\_\_\_  
2nd Choice: \_\_\_\_\_  
3rd Choice: \_\_\_\_\_

Requested Date/s: 1st Choice \_\_\_\_\_ to \_\_\_\_\_ ( \_\_\_\_\_ weeks)  
2nd Choice \_\_\_\_\_ to \_\_\_\_\_ ( \_\_\_\_\_ weeks)  
3<sup>rd</sup> Choice \_\_\_\_\_ to \_\_\_\_\_ ( \_\_\_\_\_ weeks)

Name/address of medical school/training institution to mail application:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**IIA. TO BE COMPLETED BY JABSOM DEPARTMENT COURSE COORDINATOR (OR COMPARABLE OFFICIAL)**

I grant the approval of this department for the student listed above to participate in the elective.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ Department \_\_\_\_\_

**IIB. TO BE COMPLETED BY JABSOM DEAN OF STUDENTS (OR COMPARABLE OFFICIAL)**

The medical student named above: 1) **is** in good standing at this medical school and **has approval** to take the elective; 2) **will pay** tuition at our medical school during the period indicated; 3) **is covered** by our school's malpractice/liability policy during all approved electives; 4) **will have** completed all core third year requirements in Family Practice, Internal Medicine, Ob-Gyn, Pediatrics, Psychiatry, and Surgery (or equivalence) by the start of the requested elective; 5) **has met** our school's health requirements; 6) **is required** to have his/her own personal health insurance; 7) **has received** training in universal precautions; and 8) **has completed** HIPAA training at this institution . At the conclusion of the elective, an evaluation report **is** required.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

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**III. TO BE COMPLETED BY DEAN OF STUDENTS (OR COMPARABLE OFFICIAL) OF MEDICAL SCHOOL/TRAINING INSTITUTION WHERE JABSOM STUDENT IS SEEKING TO TAKE ELECTIVE.**  
*(NOTE: COMPLETION OF THIS SECTION IS REQUIRED IN ORDER FOR THE STUDENT TO BE ABLE TO PARTICIPATE IN REQUESTED ELECTIVE.)*

NOT APPROVED  APPROVED FOR \_\_\_\_\_ (Name of Elective)

Date of Elective: \_\_\_\_\_ to \_\_\_\_\_ ( \_\_\_\_\_ weeks)

Student to report to: Name \_\_\_\_\_ Title \_\_\_\_\_  
Place \_\_\_\_\_ Ph. No. \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**UPON COMPLETION OF SECTION III, PLEASE RETURN FORM TO:** UH-JABSOM, Office of Student Affairs  
Medical Education Building, 3<sup>rd</sup> Floor  
651 Ilalo Street  
Honolulu, HI 96813  
Ph (808) 692-1000 Fax: (808) 692-1251

## INSTRUCTIONS FOR JABSOM STUDENTS

- STEP 1 - Correspond with the mainland institution/s where you are interested in obtaining an out-of-state elective. This initial correspondence should include the name of the elective, dates, and faculty supervisor.
- STEP 2 - Complete SECTION 1 on reverse side.
- STEP 3 - Take the form to the appropriate JABSOM clinical department responsible for approval (i.e., Medicine handles all internal medicine-related electives, Pediatrics handles all pediatric-related electives, etc.) If, in doubt, check with OSA.
- STEP 4 - Obtain clearance from Dean of Students in the Office of Student Affairs ( SECTION 11B).
- STEP 5 - Upon notification of approval or disapproval from the mainland institution, you must acknowledge your intentions to **both** the host institution as well as to OSA at JABSOM (the latter is required regardless of whether or not you are seeking academic credit).
- STEP 6 - Obtain a copy of the Student Clinical Evaluation Form from the Office of Student Affairs. It is your responsibility to present this to your faculty supervisor and request that the form be returned to the Office of Student Affairs. **Documentation that you satisfactorily completed the elective is necessary before you will be given Credit.**
- STEP 7 - Obtain a copy of the Extramural Elective Evaluation Form from the Office of Student Affairs. This form is to be completed by you and must be returned to the Office of Student Affairs upon completion of your elective/s.

Best wishes to you as you seek out mainland experiences. You will represent our school, and we know you will do it well!

If any problems develop and you feel I might be of assistance, please feel free to call me at (808) 692-1000 or contact me by e-mail at [mantonel@hawaii.edu](mailto:mantonel@hawaii.edu).

Have fun and good luck!

Sincerely,

Mary Ann Antonelli, MD  
Director of Student Affairs  
UH-JABSOM

MAA/ml

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