University of Hawai‘i
John A. Burns School of Medicine

2016 – 2017 VISITING STUDENT ELECTIVE APPLICATION CHECKLIST
(MUST BE SUBMITTED WITH YOUR APPLICATION)

I have read and understand the 2015 – 2016 INFORMATION FOR VISITING STUDENTS and the following items are attached:

- Visiting Student Elective Application (Sections I – III completed) with original signatures (we do not accept faxed copies). A separate application is required for each elective period.
- Health Statement for Visiting Students form with original signature (one per application). PLEASE DO NOT send personal health records in lieu of this form or your application will be placed on hold and not processed. Any additional costs incurred to meet UH-JABSOM’s immunization requirement is the student’s responsibility.
- HIPAA Confidentiality Agreement form which may be found at http://www.hawaii.edu/hrc_training
- Proof of BLS or CPR certification (must be current during the elective period).
- Recent photo (one per application).
- Visiting Student Agreement form (required only if you are applying for electives offered under the Department of Surgery).
- Check in the amount of $80.00 (per elective period) payable to the “University of Hawaii” (refundable only if JABSOM is unable to place you in an elective).

_____________________________  ____________________________ __________
Student’s Printed Name   Student’s Signature   Date

INCOMPLETE OR MISSING INFORMATION WILL DELAY PROCESSING

Attach this checklist form to the above items and mail directly to:

Jessica Warmoth
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John A. Burns School of Medicine
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