

Paul L. Foster School of Medicine Office of Student Affairs

AWAY ELECTIVE & VSAS INFORMATION

Contact information:

Office of Student Affairs

Inés A. Monárrez: 915-215-4362 — <u>ines.monarrez@ttuhsc.edu</u> Chris Escapite: 915-215-6162 — <u>chris.escapite@ttuhsc.edu</u>

Below is information regarding the completion of an away elective(s). Some institutions use VSAS and some do not. It is the student's responsibility to verify all the requirements necessary for the elective.

AFFILIATION AGREEMENTS

Affiliation Agreements may take 6+ months to be fully executed. Institutions that use VSAS may still require for an affiliation agreement to be in place prior to the student completing an elective. Institutions that are NOT on VSAS may or may not have this requirement. Verify all requirements on the website and contact the institution if necessary. Please contact us if an affiliation agreement is required.

VERIFICATION

When you apply to an elective through VSAS, we receive a notification that your application needs verification. On this page, there are 16 questions we verify for each student. Verification from us should be sufficient for the institutions you are applying to, but if the institution is asking you for <u>proof</u> of one of the requirements, e.g., Criminal Background Check, Mask Fit Test, etc., contact Inés Monárrez or Chris Escapite and we will assist you with this.

***ACLS is not required by our institution. If it is a requirement for the institution you are attending you will need to get ACLS certified.

| 1. | This student is in good academic standing at this institution. | | | | |
|----|--|-----------|----|-----------|---------------------------------|
| 2. | This student has been instructed in OSHA safety measures and infection control precautions. | | | | |
| | Date expires MM/YYYY – 05/2017 | | | | |
| 3. | This student has a current ACLS. | | | $\sqrt{}$ | Not required by our institution |
| | Date expires MM/YYYY | | | | |
| 4. | This student has a current BLS. | $\sqrt{}$ | | | |
| | Date expires MM/YYYY | | | | |
| 5. | This student has completed a Mask Fit Test. | | | | |
| 6. | This student is taking electives for credit. | $\sqrt{}$ | | | |
| | | Yes | No | Other | Comments |
| 7. | This student will pay tuition at the home school during the period indicated. | | | | |
| 8. | Medical liability and/or malpractice insurance will be covered by the home school during this elective time. | V | | | |
| | Aggregate Insurance - \$75,000 | | | | |

| | Per Instance Insurance - \$25,000 | | | | |
|-----|---|----------|----|-------|----------|
| | Online Policy URL | | | | |
| | Policy Expiration Date – 05/2017 | | | | |
| 9. | We require our student to hold personal health insurance. | | | | |
| 10. | This student will have successfully completed these core clerkships by the dates listed below. Clerkship Completed Weeks Internal Medicine Surgery Pediatrics Ob/Gyn Psychiatry | | | | |
| | Family Medicine Neurology | | | | |
| 11. | This student will be in his/her senior year at the time of the elective(s). | | | | |
| 12. | This student is expected to graduate in. May 2017 | | | | |
| | | | | | |
| | | Yes | No | Other | Comments |
| 13. | This student has met all immunization requirements or student health requirements as defined by our school. | Yes √ | No | Other | Comments |
| 13. | · | , | No | Other | Comments |
| | our school. | , | No | Other | Comments |
| 14. | our school. Health Requirements URL | √ | No | Other | Comments |
| 14. | our school. Health Requirements URL This student has complied with HIPAA training requirements. | √ | No | Other | Comments |

IMMUNIZATION FORMS

Institutions will have immunization requirements. We will verify you have met all requirements by our school, but in addition the institution may require for you to have an immunization form filled out by our Occupational Health Department. Please download the form and send it to Maria Ramirez in Occupational Health. She will fill out the form for you and also advise if you are missing anything. If you need your TTUHSC El Paso PLFSOM Student Immunization Status and/or copy of your immunization records, please let Maria Ramirez know. We ask that you submit your request with plenty of time as this department is very busy.

Maria Ramirez: 915-215-4429 – maria.ramirez@ttuhsc.edu

MALPRACTICE INSURANCE

TTUHSC El Paso PLFSOM covers students \$75,000/\$25,000. If you need to purchase additional malpractice insurance, once you purchase it, we will go into the verification page on VSAS and add the following statement:

"TTUHSC El Paso PLFSOM covers \$75,000/\$25,000-Student has purchased additional malpractice coverage. Aggregate is now (\$ amount purchased/\$ amount purchased)."

If you need additional malpractice insurance, below is feedback I have received from previous students.

• "I just got this info in an email, and figured I'd give you all the heads up. The key to away rotations is to have your VSAS application assembled early, and to apply early, so looking at program's requirements now is a good idea! Also if you plan to rotate at a program outside of Texas, you'll probably need more malpractice insurance. Email this guy peter@academicins.com who is really reasonable and flexible, you can buy insurance now even though you do not know the dates or places you'll be going and it is refundable so you can have your proof to upload into VSAS/have Student Affairs certify in VSAS for you."

• "I just wanted to follow up with you about purchasing Malpractice insurance for away rotations. I have so far been denied to two rotations because my VSAS application did not contain proof of adequate malpractice insurance. I contacted Mr. Peter Leone about obtaining insurance and he was very helpful. A student can buy insurance for an anticipated rotation without knowing the actual place they will be rotating, all they need to know is the dates. Further if a student does not get accepted to a rotation the premium is fully refundable. Based on this information, I wish I would have purchased insurance over a month ago so I could have that documentation uploaded into VSAS so that I could be accepted into a rotation. I submitted my documentation today for insurance and am hopeful that I will still be able to get accepted into a rotation, but in the future I think it would be advisable to encourage students applying to away rotations to buy insurance early so they do not encounter similar problems."

** I also have this contact from a previous student**

Maria Lenti Academic Health Professionals 99 Park Avenue, 23rd floor New York, NY 10016

Email: Maria.lenti@academicgroup.com

Phone (646) 808-0602 Fax (646) 808-0601

PROOF OF STEP REPORTS

We can go into VSAS and simply enter your Step 1 score when we go in and verify you; unless they want to see an actual transcript with your score on it. If they want an actual transcript uploaded you will need to provide it yourself. (NOTE: We do not have a copy; only you the students receive them. Therefore, if you did not save the email with your Step 1 score on it from NBME; then you will have to order and pay for a new report from NBME.

LETTER OF GOOD STANDING

A letter of good standing may be required. Contact Inés Monárrez or Chris Escapite. We will ask Alex Garcia to write one and we will upload on VSAS or email the student.

HIPAA CERTIFICATE

First, log on to ACME http://www.ttuhsc.edu/IT/ACME/Default.aspx - Second, once logged on, go to 'Completed Courses' - Third, search for HIPAA Privacy&Security 2015, HIPAA_2015 training and double click on the course. This will pop up your certificate - Fourth, follow instructions if you want the certificate printed landscaped, click on the 'Print This Page' button. You will always be able to go back and print a certificate or check on completed training records.