UF College of Medicine
UNIVERSITY of FLORIDA

Visiting International Medical Student Application Packet

Office of Student Affairs
1104 Newell Drive #210
Gainesville, FL 32610

352-273-7971 | UFCOM-International@ad.ufl.edu | osa.med.ufl.edu

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Application Checklist

Congratulations! You have been accepted to participate in a rotate at the University of Florida College of Medicine (UF COM).

1. Complete all forms within the Visiting International Student Application packet:
   ☐ Non-Degree Registration Request Form
   ☐ Affidavit
   ☐ Insurance Verification & Liability Confirmation Form + Universal Precautions
   ☐ Immunizations: MMR, Hepatitis B, Tdap, Varicella, COVID-19, TB Skin test or QuantiFERON - TB Gold or Gold Plus test, Flu Shot
   ☐ UF Health Security and Confidentiality Agreement

2. Attach the following documents to the Visiting International Student Application packet:
   ☐ USMLE Passing Score
   ☐ Local and National Background Check
   ☐ Drug Screen
   ☐ B1 Visa (if applicable)

3. Submit the UF Visiting International Student Application processing fee of $50.

4. Submit the UF Weekly Rotation fee of $1000 per elective. Please indicate is payment will be completed by ☐ individual or ☐ entity (institution or government).

5. Create a Gatorlink account.
   ☐You will receive your UFID number 30 days from the start of your rotation at UF COM.
   ☐ Go to my.ufl.edu > Click **Access MyUFL** > **Create Account** at the top of the page.
   ☐ Enter the UFID # that you were provided, last name, and DOB.
   ☐ Follow the instructions to set up a Gatorlink Username and Password.

6. Complete the HIPAA General Awareness on MyTraining.
   ☐ Click on **University of Florida**
   ☐ Log in using your Gatorlink Username and Password.
   ☐ Enter "PRV800" in the Search box in the upper right corner.
   ☐ Complete the HIPAA & Privacy - General Awareness training.
   ☐ Email your Certificate of Completion to LaNya Lee: lanyalee@ufl.edu

7. Verify local transportation and housing arrangements.

8. *Optional* – Order a UF TAPS commuter parking decal for $35 a month.

9. Submit headshot for the University of Florida **Gator One I.D.** Applicant will be notified once Gator One I.D. has been authorized. Fee is $20.
   ☐ Go to myBSD (ufl.edu). Log in with your Gatorlink and password.
   ☐ Select "Request GatorOne Card". Select"Pay Now" button and complete the payment steps.

10. Send this completed application packet to: lanyalee@ufl.edu

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Non-Degree Registration Request Form

Legal Name: _____
Last/ Family First Middle

Email: _____ **Local phone**: _____

Date of Birth: _____ **Gender:** Male Female Other
Month Day Year

Home Address: _____
Number & Street City State/ Region Country Zip Code

Mailing Address: _____
Number & Street City State/ Region Country Zip Code

Nation of Citizenship: _____ Non-U.S. Only Resident Alien Alien

Native Language: _____

Ethnic Background: Asian/ Pacific Islander American Indian/ Alaskan Native Black White Hispanic Other

Highest degree? Bachelor's Engineer Master's Specialist Ed.D Ph.D. Professional (JD, DMD, DDM, DDS, DVM)

High school: _____
Name City State

Have you previously applied or attended the University of Florida in any capacity? Yes No **When?** _____

Has any court or school authority found you to have disrupted or interfered with the orderly conduct, processes, functions or pogroms of any educational institution? Yes No

If yes, provide details: _____

Are you currently charged or have you ever been convicted of a crime (even if adjudication was withheld) other than offenses involving $50 or less? Yes No

If yes, indicate date, court name, offense and penalty: _____

_____

I understand that this application is for the term indicated only and does not imply acceptance for a future term. I certify that the information on this application is complete and accurate, and I understand that to make false or fraudulent statements within this application or residency affidavit may result in disciplinary action and invalidation or credits earned. If permitted to register, I hereby agree to abide by the policies of the Florida Board of Education and the rules and regulations of the University of Florida.

_____ _____
Student Signature Date

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FOB Agreement

Name: _____
Last/ Family First Middle

Email: _____ **Local phone**: _____

Rotation Start Date: _____ **Rotation End Date**: _____
Month Day Year Month Day Year

On my first day of rotation, I will receive a fob to access the scrub machines. I understand if the key fob is lost I will immediately notify the Office of Student Affairs at 352.273.7977 and I agree to pay the **$40 replacement fee**. **Cash only.**

*Please return all issued scrubs in the scrub machine **before** returning your fob. The scrub machine is under video surveillance and it will be noted in the system if scrubs are not returned which could impede your **$40 cash deposit refund.**

_____ _____
Student Signature Date

FOR OFFICE USE ONLY

FOB 5 Digit # _____

Batch # _____

Med Ed # _____

Local and National Background Check

The University of Florida College of Medicine (UF COM) has established the following policies and procedures to evaluate whether students are eligible to participate in its educational & clinical programs. As a condition of participation in programs at the UF COM, all students must undergo a local and national background check. Items to be included are criminal felony or misdemeanor, sex offender registry, and health care sanctions.

Drug Screen

Individuals who may be impaired due to substance abuse, are not eligible as a trainee. As a condition of participation in programs at the UF COM, all students must undergo a 10-panel urine drug screen to include:

- Amphetamines (AMP)
- Barbiturates (BAR)
- Benzodiazepines (BZO)
- Cocaine (COC)
- Marijuana (THC)
- Methadone (MTD)
- Methamphetamine (mAMP)
- Opiates (OPI/MOP)
- Phencyclidine (PCP)
- Tricyclic Antidepressants (TCA)

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Affidavit

I, _____, of _____
Student Name Address

_____

Swear or affirm the following:

1. I have had no incidents of criminal behavior since the local state background check that was completed and confirmed on

   _____
   DATE of Background Check

2. I have had no incidents of criminal behavior since the national background check that was completed and confirmed on

   _____
   DATE of Background Check

3. I have not taken any illegal substances since the drug screen that was completed and confirmed on

   _____
   DATE of Drug Screen

I understand that I am obligated to notify the University of Florida College of Medicine of any incidents of criminal behavior or drug use prior to or during my requested rotation. I further understand that the University of Florida College of Medicine has the right to remove me from my requested rotation at any time.

_____
Student Signature

Sworn to and subscribed before me on:

_____ _____
Date Notary Signature

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Purchasing Health Insurance

Proof of personal health insurance (copy of your current insurance card) and proof of professional liability insurance coverage (with minimum limits of $1,000,000 per occurrence, $3,000,000 aggregate) is **mandatory.**

- If the home institution provides professional liability coverage for the student at the requirement limits, the signed UF Professional Liability Insurance Verification form is sufficient.
- If the home institution does not provide professional liability coverage, the student must purchase their own coverage and submit a copy of the certificate or policy along with the UF Professional Liability Insurance Verification form. Documents must be submitted prior to the start of the rotation.

The companies below offer professional liability **and/or** general liability insurance coverage for medical students. It is the students' responsibility to purchase the coverage required for participation in the rotation. Without these approved policies, you will not be permitted to participate in a rotation at the UF COM.

Healthcare Professional Services, Inc.
https://www.hpsi-ins.com/
678-935-5040

Medical professional and General Liability Insurance
www.einsurance.com
877-907-5267

Commercial Insurance Center
(General liability coverage)
https://commercialinsurance.net/
339-215-8321

Academic Medical Professionals Insurance Rick Retention Group, LLC (**Professional liability coverage only**)
https://www.academicgroup.com/ampi-for-med-students.html

Professional Liability Insurance Verification for Visiting Students Q&A

1. **For purposes of executing this document, who qualifies as an official at the HOME INSTITUTION?**
   Although we defer to the HOME INSITUTION in deciding who has the authority and control to execute this document on behalf of the HOME INSTITUTION, we would prefer that one individual in each college (e.g., Dean, Dean's designee, GME Director) be appointed as the official for document execution. This will help to ensure consistency in approach, understanding, and completion.

2. **What are the coverage requirements if the home institution is a non-Florida state university but is a public entity entitled to governmental immunity protections under state law?**
   If the HOME INSTITUTION is a public entity entitled to governmental immunity protections under applicable state law, then the HOME INSTITUTION will need to attest that it provides Occurrence-Based, or Claims-Made with tail coverage that includes the rotation dates, professional liability coverage in accordance with any limitations associated with their applicable state law. In addition, the HOME INSTITUTION will need to attest that it also provides such insurance with limits of no less than $1,000,000 per occurrence/$3,000,000 annual aggregate in the event governmental immunity protections are determined by a court of competent jurisdiction not to apply.

3. **When must a Certificate of Insurance accompany this form?**
   If the HOME INSTITUTION does not provide protections for their students, and is attesting that the student has personal professional liability insurance with limits of at least $1,000,000 per occurrence/ $3,000,000 annual aggregate, a certificate of insurance demonstrating required coverage must accompany this form when submitted to the UF SIP.

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Professional Liability Insurance Verification for Visiting Students

**** This form is to be completed by an official at the student's home institution. ****

I certify _____ is in good standing at _____,
Student Name Name of HOME INSTITUTION

and has received approval to participate in the following rotation(s) at UF Health and its affiliated hospitals and/or clinics:

Name of Rotation(s): _____

Rotation Facility Name: _____

Dates of Rotation(s): _____

During the student's participation in the rotation, the following applies to professional liability coverage (select one):

A. Florida state university and college system students (as set forth in s. 1000.21(3)(6), Florida Statutes*):
The HOME INSTITUTION warrants and represents that it is a public entity entitled to governmental immunity protections under applicable state law and that it provides occurrence-based professional liability insurance for its students in accordance with section 768.28, Florida Statutes; but, the HOME INSTITUTION also warrants and represents that it provides such insurance with limits of no less than $1,000,000 per occurrence/$3,000,000 annual aggregate in the event governmental immunity protections are determined by a court of competent jurisdiction not to apply.

B. Non-Florida state university and college system students (as set forth in s. 1000.21(3)(6), Florida Statutes*):
The HOME INSTITUTION warrants and represents that it provides Occurrence-Based, or Claims-Made with tail coverage that includes the rotation dates, professional liability insurance, or self-insurance, that covers the student during the rotation with limits of no less than $1,000,000 per occurrence/$3,000,000 annual aggregate.

- OR -

The student warrants and represents that he/she has occurrence-based, or Claims-Made with tail coverage that includes the rotation dates professional liability insurance with limits of at least $1,000,000 per occurrence/$3,000,000 annual aggregate.
A certificate of insurance demonstrating coverage described herein must accompany this form when submitted to the UF SIP.

_____ _____
Printed Name of School Official at Student's Home Institution Title

_____ _____
Signature of School Official Date

_____
School Name Mailing Address

_____ _____ _____
Email Office Number Fax

*State universities, set forth in s. 1000.21(6), Florida Statutes, are:

University of Florida	Florida Atlantic University	Florida International University
Florida State University	University of West Florida	Florida Gulf Coast University
Florida Agricultural and Mechanical	University of Central Florida	New College of Florida
University of South Florida	University of North Florida	Florida Polytechnic Institute

*Florida College System Institutions, set forth in s. 1000.21(3) Florida Statues, can be found at: http://www.leg.state.fl.us/statutes/

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Universal Precautions (OSHA standards) Training

**** This form is to be completed by an official at the student's home institution. ****

I certify _____ has been instructed in safety measures and infection control
Student Name

precautions to prevent sharps injuries, needle sticks, or other potential exposure to bloodborne pathogens via blood or body fluids.

_____ _____
Printed Name of School Official at Student's Home Institution Title

_____ _____
Signature of School Official Date

_____
School Name Mailing Address

_____ _____
Email Office Number

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Health Insurance Verification Form

Student Name: _____

Date of Birth: _____ **Phone Number:** _____

Insurance Company: _____

Phone Number of Insurance Company: _____

Contact Person (if relevant): _____

Name of Policy Holder: _____

Relationship to Student: _____

Policy #: _____

Group #: _____

Effective Date: _____ **End Date (if applicable):** _____

Insurance Card Photo

Attach a photo of your insurance card (back and front) in this space.