



**Dr. KIRAN C. PATEL College of Osteopathic Medicine (NSU-KPCOM)
Application for Rotation – Incoming International Student**

CHECKLIST

1. Complete application
2. Letter of good standing from your school
3. CV
4. BLS certification or equivalent
5. ACLS certification or equivalent. The office of International Medicine will advise if required.
6. Copy of Drug Screen Verification (**WITHIN 60 DAYS**)
7. **ARGENTINA ONLY** – J1 Short term Scholar Visa (**Required**)
 - Letter of Invitation
 - Request Form
8. Copy of passport (**MUST BE A COLOR COPY AND VALID FOR 6 MONTHS UPON ENTRY INTO THE HOST COUNTRY**)
9. Complete Waiver of Liability form
10. Health insurance (**VALID IN THE US**)
11. Vaccination Record---**MAKE SURE YOU ARE CURRENT**

GENERAL/EMERGENCY INFORMATION

Student Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /
Mailing Address: <i>(Include City, State, Zip Code, and Country)</i>	Phone: () - <i>(Include country code + area code)</i>	Email/Alternate Email:
Passport #:	Country of Issue:	Date of Issue: / /
Expiration Date: / /	Emergency Contact:	Phone: () -
Will your passport be valid 6 months prior to departure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship:	Email:

MEDICAL SCHOOL INFORMATION

Mailing Address: (Include City, State, Zip Code, and Country)	Phone #: () - - (Include country + area code)	What year are you currently in? <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th If beyond, please specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
Medical school education system: <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-right: 5px;"></div> 4+4 years <div style="border: 1px solid black; width: 60px; height: 20px; margin-left: 10px; margin-right: 5px;"></div> 6 </div> years	Dates of Rotation: (minimum 4 weeks; maximum 8 weeks) Start / / Finish / /	Have you been approved to do a rotation at NSU-COM? <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
Are you interested in a specific rotation? (e.g., pediatrics, internal medicine) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: <div style="border: 1px solid black; width: 350px; height: 25px; display: inline-block; vertical-align: middle;"></div> (Please note that requests for rotations are considered on an individual basis)		
Will you need housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please describe your VERBAL English language skills: Minimal <input type="checkbox"/> Proficient <input type="checkbox"/> Excellent <input type="checkbox"/>		
Please describe your current career goals:		

Please send completed application to:

Dr. Anthony J. Silvagni

@ silvagni@nova.edu

and

Marva Hare Morris

@ hmarva@nova.edu

Website: <https://osteopathic.nova.edu/community/international-programs/index.html>

NSU OFFICIAL USE ONLY	
Drug screen _____	HIPAA _____
Passport _____	OSHA _____
Travel visa _____	BLS/ACLS _____