

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

**CHECKLIST**

1. Complete application:  
<https://osteopathic.nova.edu/community/forms/application-nsu-kpcom-incoming-international-student.pdf>
2. Letter of good standing from your University
3. CV
4. BLS certification or equivalent
5. Copy of Drug Screen Verification from your University
6. Complete Waiver of Liability form:  
<https://osteopathic.nova.edu/community/forms/waiver-of-liability.pdf>
7. Copy of passport **(MUST BE A COLOR COPY AND VALID FOR 6 MONTHS UPON ENTRY INTO THE HOST COUNTRY)**
8. Health insurance **(VALID IN THE US)**
9. Vaccination Record---**MAKE SURE YOU ARE CURRENT**
10. Schedule videoconference interview
11. Complete HPD Safety Measures online course prior to arrival (if possible)
12. Complete HIPPA online course prior to arrival (if possible)
13. **ARGENTINA ONLY – J1 Short term Scholar Visa (Required)**
  - Letter of Invitation from NSU-KPCOM
  - Request Form from NSU-KPCOM to be completed by you

**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 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup>  If beyond, please specify: <input style="width: 100%;" type="text"/>
Medical school education system:  <input style="width: 50px;" type="text"/> 4+4 years <input style="width: 50px;" type="text"/> 6 years	Dates of Rotation: <b>(minimum 4 weeks; maximum 8 weeks)</b>  Start        /        /  Finish       /        /	Have you been approved to do a rotation at NSU-COM?  <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in a specific rotation? (e.g., pediatrics, internal medicine)  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please specify: <input style="width: 300px;" type="text"/>  (Please note that requests for rotations are considered based on availability)		
Please describe your <b>VERBAL</b> English language skills:  Minimal <input type="checkbox"/> Proficient <input type="checkbox"/> Excellent <input type="checkbox"/>		
Please describe your goals for this rotation:		

**Please send completed application to:**

Dr. Anthony J. Silvagni @[silvagni@nova.edu](mailto:silvagni@nova.edu) and Dr. R. Jackeline Moljo @[rm184@nova.edu](mailto:rm184@nova.edu)

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