



Hope Medical Institute

HOPE CENTER

Clinical Rotation Department
11835 Rock Landing Drive
Newport News, VA 23606
(757) 873-3333 (Phone)
(757) 873-6661 (Fax)

CLINICAL APPLICATION CHECKLIST

The following forms and documents are required in order to complete your application and approve you for clinical clerkships/rotations. Please note that a schedule cannot be prepared unless you have a complete clinical file.

- ✓ Fully completed and signed student Application for clinical clerkships/rotations in the USA or Canada. (8 total pages)
- ✓ 2 Recent Passport size photos (Please print your name on the back of the photos)
- ✓ Official Dean's Letter of good standing **and** official transcripts showing completion of your basic science years and any rotations you may have completed while in Poland. (You must request for this to be sent directly from our affiliated medical university to the HMI office in Virginia)
- ✓ Proof of the summer clerkships you have completed in between the Basic Science years at your Medical University. Any questions regarding this must be referred back to the Dean's Office at your Medical University.
- ✓ Two official letters of recommendation from professors at your medical university. The original document will only be accepted. (You must obtain these directly from the professors)
- ✓ Completed Health Assessment Form (Page 5 of the application) along with the following records:
 - Current (within 1 year) PPD results (there is a space on application for it). If it is positive, you are required to attach a current chest x-ray report (that cannot be older than 5 years) and medication protocol that you completed and/or are in the process of completing.
 - Current serological titers must be drawn for Measles, Mumps, Rubella, Varicella and Hepatitis B and **the lab work is required to be submitted.** If results do not demonstrate immunity, you must attach proof of booster. **Please note that vaccination records are not acceptable.**
 - Any negative titer after booster must be re-titered one month after the vaccination and proof of the lab results must be submitted.
- ✓ 10 Panel Drug Screen test must be completed and the lab results must be submitted. You can have this done at your General Practitioners Office or you also have an option to find a location online as well. Please follow this link. <http://www.anylabtestnow.com/tabid/62/ProductID/46/Default.aspx>. You can look for a location where they do a drug screen based on your zip code closest to where you live. It is \$49.00 plus tax for an 11 panel drug screen.
- ✓ Passing USMLE Step I results (In PDF format to be E-mailed to the clinical department at Hope Medical Institute) and/or additional qualifying information / evaluation required by the clinical department (Please contact the clinical department for further information); at least 4 - 8 weeks prior to the desired start date for rotations.



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- ✓ A copy of the front and back of your current personal health insurance card; Canadian students must obtain and provide proof of a traveler's insurance policy (*This must be an active medical insurance policy, it will be verified*).
- ✓ A signed career statement with your name at the top of the statement. This will explain the reason you went into medicine, what field you are interested in pursuing, and how you will make a difference in the lives of others.
- ✓ Curriculum Vitae (CV) – This is similar to a resume, but outlines your medical background. You can include your summer clerkship work, any research you have completed, organizations you are involved in, etc.
- ✓ Current (*non-expired*) form of government issued ID Card (*State Driver's License or State ID Card*).
- ✓ Canadian students must provide us with a clear photocopy of their current (*non-expired*) passport page which shows their picture and the expiration date of their passport. This is for visa purposes.
- ✓ Each page initialed and signature (*on the last page*) of Clinical Training Information Packet. Entire packet must be returned, so please make sure to make a photocopy of it for your records.
- ✓ We need proof of your Basic Life Support (BLS) training for CPR. This course must be found on your own in your local area and must be through the American Heart Association (AHA). You must provide us with the certification once it is completed.
- ✓ Certification of HIPPA training, please do the general awareness course. Please go to the following website to do the appropriate training and print the certification once completed.
http://www.hipaatraining.com/?gclid=CKrEze3p7qYCFQ975QodIwTy_w
- ✓ Certification of Bloodborne Pathogens Course and training. Please go to the following website to do the appropriate training and print the certification once completed.
http://www.onlineprcertification.net/cms/bloodbornepathogenscourse.php?gclid=CPjI_J_q7qYCFcqC5QodNGmNDA
- ✓ Certificate of Infection Control: All students are required to take, complete and pass a course on Infection Control. You can take this course online at a cost of about \$50.00. The website is <http://www.icprofessor.com/icny.php>
- ✓ \$1,000.00 Clinical Administrative Fees (*Non-refundable when the clinical schedule is issued, please refer to page 3 of the application form*)
- ✓ \$60.00 Criminal Background Check Fees (*As described on page 8 of the application form*)

PLEASE RETURN YOUR COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:

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Clinical Rotation Department, Attn: Ritu Chhabra
11835 Rock Landing Drive
Newport News, VA 23606