

HARVARD MEDICAL SCHOOL

Application for Domestic Extramural Electives

Student Requirements:

- Complete Form prior to start of “away” elective
- A completed performance assessment from the host school must be provided to HMS Registrar in order for credit to be awarded
- HMS students must complete a course evaluation of the “away” experience

Prior to the start of any extramural electives students should:

- Consult with your academic advisor regarding your extracurricular plan of study
- Ensure the Safety & Oversight Precepts (SOP) specified below are met for your electives *as appropriate*:
 - *The level and quality of supervision at the extramural site*
 - *The availability of emergency care*
 - *Potential challenges to the HMS code of medical ethics that you may encounter*
 - *Potential risks to the health and safety of patients, students and the community at all the extramural sites where you may be working*
 - *The possibility of natural disasters, political instability and exposure to disease*
 - *The need for additional preparation prior to, support during, and follow up after the elective; if additional support is required, contact the HMS Dean for Students*
 - *The site’s care and treatment after an occupational exposure. If you have questions about post-exposure prophylaxis, please contact HUHS (617-432-1370); in addition, here is the link to the HMS protocol <https://medstudenthandbook.hms.harvard.edu/909-precautions-against-communicable-diseases>*

In planning with your advisor for extramural opportunities, please consider the following:

1. LCME schools generally have identified the SOP listed above and will likely include on their website; any elective that does not meet the above Precepts will **not** be approved by HMS
2. Your Academic Advisor, the Dean of Students and the Registrar are available to assist with this process
3. All international extramural activities should be processed through the Scholars in Medicine Office
<https://medstudenthandbook.hms.harvard.edu/308-scholars-medicine-office>

Student: I have reviewed and agree with the items above. I acknowledge the people and resources available at HMS who can assist me in selecting appropriate domestic extramural electives. I will not add or change the electives with appropriate approvals.

Student’s Initials _____

To Be Completed by HMS Student :

Student Information:	
Name:	Cell#:
Host Institution Information:	
Title of Elective:	
Start/End Dates:	Department:
Hospital:	Host School:
Student Signature:	Date:
Registrar Office ONLY:	
Signature:	Date: