International Clinical Elective Program
APPLICANT INFORMATION
[Updated January 2025]

Please complete the following form below. If you have any questions regarding this application, please contact Program Manager, Rebecca Zacuto, at rebecca.zacuto@gwu.edu.

Applications due **October 1st** for an elective rotation in **January through May**

Applications due **April 1st** for an elective rotation in **August through December**

PERSONAL INFORMATION

Name (First, Middle, Last): _____

Date of Birth (MM/DD/YYYY): _____Email Address: _____

Home Phone: _____Cell Phone: _____

Permanent Address: _____

Permanent City: _____Permanent Country: _____

Permanent Zip Code: _____Country of Citizenship: _____

If you hold US Permanent Residency or U.S. Citizenship, indicate that here: _____

LANGUAGE PROFICIENCY

Beginner – Can fulfill the basic needs in a language, such as ordering meals, asking time, and asking for directions.

Limited – Can fulfill routine social demands, such as small talk about one's self, one's family, and current events.
Intermediate – Can discuss a variety of topics with ease and almost completely understand what others are saying
Advanced – Can participate in all manners of conversations with ease and only rarely makes grammatical mistakes.
Fluent – Can use the language the way an educated native speaker of the language would.

First Language: _____
Proficiency: ____Beginner ____Limited ____Intermediate ____Advanced ____Fluent

Second Language: _____

Proficiency: ____Beginner ____Limited ____Intermediate ____Advanced ____Fluent

Third Language: _____

Proficiency: ____Beginner ____Limited ____Intermediate ____Advanced ____Fluent

EDUCATION AND EXPERIENCE

Name of home university: _____

Expected graduation date: _____

Have you completed an international clinical elective elsewhere? ___Yes ___No

If so, please state the country and university/hospital: _____

Have you studied outside your home country previously? ___Yes ___No

If so, please state the country, institution, and subject studied: _____

_____

Are you interested in applying to residency in the United States? ___Yes ___No

CLINICAL PREFERENCE

For this section, identify three clinical departments and the course numbers in descending order of preference. Reference the **Visiting Student Course Catalog** provided by the Office of International Medicine Programs for course names, numbers, and descriptions. Please understand that reasonable effort will be made to accommodate your preference, however, preferences are not guaranteed (see ICEP Student Agreement).

First Course Number and Name: _____

Second Course Number and Name: _____

Third Course Number and Name: _____

BLOCK PREFERENCE

Blocks are the 4-week periods during which students can participate in clinical rotations. For this section, indicate your availability by identifying three different blocks in descending order of preference. Reference the **Fourth Year Calendar 2025-26** found on the last page of this packet. It is recommended to choose a block as designated on the calendar, (i.e. weeks 10-13 for September 1 through September 28, 2025).

First Block Weeks and Dates:_____

Second Block Weeks and Dates: _____

Third Block Weeks and Dates: _____

Along with your completed application form, please include the following:

- **Curriculum Vitae -** English version
- **Personal Statement –** Outlining your goals and objectives for your rotation at the George Washington University as well as your long-term career goals
- **University Transcripts –** English version
- **Two Letters of Recommendation** from your faculty members
- **Letter of Good Standing** from your Dean's Office
- **Student Verification form** (attached) and completed by your Dean's Office
- **Passport and U.S. Visa** (if needed)
- **Signed ICEP Student Agreement** (attached)

School of Medicine & Health Sciences
2600 Virginia Avenue, NW | Suite 300 | Washington, DC 20037
t 202-994-2796 | f 202-994-0074 | impinfo@gwu.edu | www.smhs.gwu.edu/imp

International Clinical Elective Program
STUDENT VERIFICATION
[Revised July 2021]

The following must be completed by the Dean's Office of the applicant's university. Please contact Program Manager Rebecca Zacuto, rebecca.zacuto@gwu.edu, with any questions.

The student listed below is registered in the MBBS or MD program. He/she is in good academic standing at the listed medical school and has permission to study in the George Washington University clinical elective program.

Student Name: _____

Medical School: _____

The student's overall academic standing is:

___Excellent ___Very Good ___Good ___Fair

Is the student covered by health insurance for the duration of his/her elective in Washington, DC?

___Yes, the student is covered by health insurance for the duration of the elective.

___No, the student is responsible for purchasing health insurance for the duration of the elective.

I, _____, certify that the following required core rotations have been completed by the above mentioned student, so that he/she may participate in the International Clinical Electives Program at the George Washington University. Please check YES or NO. University transcripts must be submitted by the student as part of the application process.

Anesthesiology	___YES	___NO
Clinical Neuroscience	___YES	___NO
Emergency Medicine	___YES	___NO
Medicine and Subspecialties	___YES	___NO
Obstetrics and Gynecology	___YES	___NO
Pediatrics and Subspecialties	___YES	___NO
Psychiatry	___YES	___NO
Surgery and Surgical Specialties	___YES	___NO

Please affix school seal here

Dean's Name and Title: _____

Dean's Signature: _____

Date: _____

International Clinical Electives Program
Student Information
[Updated in July 2021]

Dear International Medical Student,

Welcome to your clinical rotation at the George Washington University, School of Medicine and Health Sciences. We appreciate your interest in our International Clinical Electives Program, and we hope you will enjoy and benefit from this experience. We would like to take this opportunity to provide some background that you may find useful as you begin your learning experience with us at GW. **Please note that we are sending to your faculty mentor [attending (consultant) physician or resident] much of the same information you are about to read.** While the majority of our faculty members at GW are very experienced in teaching international students and residents, we make every effort to keep both students and faculty fully informed.

First, almost all other countries but Canada use the British/European medical school system of 6 years following high school, without an undergraduate experience or degree. Thus your first two years are more or less equivalent to the two years' (worth) of pre-medical courses in the American undergraduate education. Your third and fourth years are equivalent to our first two medical school years of basic science. Your fifth and sixth years are thus equivalent to our third and fourth year medical school clinical rotations respectively. When you come for your international elective, you are typically in your sixth year which is like our 4th and final year of medical school. International students will be generally a bit younger and less experienced overall than American counterparts because of the lack of the four year college experience. On the other hand, the didactic programs at your home university in the fifth and sixth years are very strong, and international students will generally have very strong knowledge bases.

Second, international medical students are to be treated exactly as are our own GW students, with the same hands-on experience, responsibility and general accountability. You are NOT just observers. However, the reason international students come to us is to experience things you might not be as familiar with at your home institution, specifically the team approach to daily patient care, the direct interaction between student and faculty, the responsibility of rounding, oral and written case presentation, night and weekend call, participation in all academic activities such as: conferences, lectures, grand rounds etc. Therefore, you may be less strong in these areas than our own students of similar level (your 5= our 3; your 6= our 4). You are urged to participate as much as possible in the same way as your GW counterparts. Our faculty members are encouraged to help you in developing these clinical skills, as you are expected to do.

An area that may be challenging is our IT system at the GW Hospital and MFA (Outpatient Clinic). These can be daunting to anyone, let alone an international visitor with only 30 or 60 days to learn a lot. Please ask GW residents or staff to help when they can. Most international students pick this up quickly and do well. If the IT issues appear to be unduly challenging, please let our office know ASAP so we may provide additional assistance and support.

The following are IMP Expectations of our international students:

Attendance:

- All activities presented to visiting students such as: conferences, grand rounds, lectures symposiums, etc are mandatory and students should make every effort to be a good team member and attend these events. Attendance may be recorded.
- There are certain activities which can be allowed to take priority over your clinical rotation. These are called acceptable conflicts, which include: USMLE exam(s); GW optional/official holidays or sickness. The IMP Senior Education Specialist, with the assistance of Course Directors and Coordinators in your specific specialty department will be tracking all activities.
- If you have an acceptable conflict you must notify your attending (consultant) physician or resident, instructor or the IMP office ahead of time. If there are any specific assignments given to you to complete, you should discuss with your attending (consultant) physician or resident how to make up any work missed. Notify the attending (consultant) physician, course coordinator and, most importantly, the IMP office, if you will be missing days for any reason or if you have to return to your home country for emergency purposes.
- Students will be expected to use best efforts, judgment and diligence in fulfilling the duties, tasks responsibilities and requirements, in a professional and appropriate manner.
- You must return all SMHS and Hospital property to IMP at the completion of the elective rotation, for example, ID Cards; Medical (Scrubs) scrub suits and any equipment borrowed.
- Contact IMP immediately if you have any urgent issues or concerns.

Evaluation:

At the completion of the rotation, students will be evaluated by the faculty in some, many or all of the following areas:

- Fund of Medical Knowledge
- Clinical Application of Knowledge (e.g. history and physical examination, diagnosis, analysis, and treatment planning)
- Clinical Judgment (e.g. risk-benefit analysis, timing, and safety thinking)
- Technical Skills (e.g. bedside and clinical examination and procedures, operating room assistance)

- Attitude, Motivation (e.g. teamwork, preparation, seeking and observing for knowledge, retention of learned materials, and application in subsequent cases and work ethic – attendance, seeking learning opportunities)
- Professionalism (e.g. dress, behavior and respect for patients, peers, faculty and self)
- Humanity (e.g. empathy and honesty)
- Other

Letters of Recommendation:

We expect that international students are here to learn about and participate in the American medical educational system. We do understand that you may also be seeking letters of recommendation to facilitate your efforts at pursuing Graduate Medical Education (residency training programs) later. *The faculty are under no obligation to provide a letter of recommendation, and you must not assume that you will automatically get one.* It is important to understand that in order for a faculty member to write a *meaningful* letter of recommendation he/she must have spent enough time working with you to have a basis for that recommendation. Often a one month clinical rotation does not provide enough access for that. Moreover, it is strongly urged that an international clinical elective student NOT interfere with other medical students' participation in order to spend more time with the faculty to "improve" their chance of getting a letter of recommendation.

You must perform well during your rotation and participate in enough *meaningful* activities to earn the privilege of a letter of recommendation. If you believe you have done so, you may then ask your faculty mentor at the end of the rotation if he/she would be willing to write a letter on your behalf. If you decide to ask a recommendation letter, you should ask one time, and respect the answer you get. You must also recognize that your faculty maintain a very busy schedule and it is very time consuming to write letters as requests often coming from more than one student. They will then make their own decision on whether or not they can. While we appreciate our faculty providing such support, please understand it is their option to do so, and the student must earn it.

In summary, we believe strongly that your purpose in joining us for an International Clinical Elective is to learn and enhance your knowledge and skills. A letter of recommendation should be secondary to those goals. If your priority is the letter of recommendation, rather than the educational experience, we recommend against the International Clinical Elective.

Finally, we are dedicated to assuring you the best possible educational experience while you are here at GW. To facilitate that process, we ask that you contact Genna McKenna at our IMP office once a week after the first week of the rotation. E-mail is probably best. Please let her know how you are doing, whether you are having any problems, need our help, if you have any suggestions, and in general provide us with an update on your experience. That way we can assist you while

the rotation is still ongoing. You may, of course, contact us at any time if you need our advice or assistance. Please provide your contact information so that we may find you if needed.

If you have any other questions, concerns, suggestions or advice about our international clinical rotations, please contact either of us. Again, Welcome to GW and our Nation's Capital. We look forward to meeting you and sharing your educational experience.

Stanley Knoll, MD, Medical Director
Email: sknoll@gwu.edu

By signing below you acknowledge that you have read and understand the information provided to you in the International Clinical Electives Program Student Information document.

Student Name (print): _____

Student Signature: _____

Date: _____