



**Universidad Central del Caribe**  
**Medical Elective Office**  
**Deanship of Medicine**  
*P.O. Box 60327*  
*Bayamón, Puerto Rico 00960-6032*

Only for  
 Visiting  
 Student

E-mail: [medicalelectives@uccaribe.edu](mailto:medicalelectives@uccaribe.edu)  
 Telephone: 1-787- 798-3001 Ext. 2082, 2324  
 Fax 787-740-4390

**VISITING STUDENT APPLICATION**

**I. TO BE COMPLETED BY APPLICANT**

Student's Name: \_\_\_\_\_

(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1<sup>st</sup>: \_\_\_\_\_  
 (Elective Title) (Course Number) From To

2<sup>nd</sup>: \_\_\_\_\_  
 (Elective Title) (Course Number) From To

**II. TO BE COMPLETED BY THE DEAN OR AUTHORIZED OFFICIAL**

1. The medical student named above is in good standing and is in the \_\_\_\_\_ year of a \_\_\_\_\_ program. **He/she** is authorized to take this elective course at the Universidad Central del Caribe.
2. The student **(will) (will not)** have health insurance while at UCC.
3. Malpractice insurance **(does) (does not)** cover the student away from the school.
4. The student **(will) (will not)** have completed the required clinical clerkship before taking the above requested elective.
5. An evaluation of the student's performance **(is) (is not)** required.

**The completed evaluation should be returned to:**

\_\_\_\_\_  
 Signature of School Official Date

\_\_\_\_\_  
 Name of School Official Title

\_\_\_\_\_  
 Medical School

\_\_\_\_\_  
 Address City/State/Zip

\_\_\_\_\_  
 Telephone Fax

**III. TO BE COMPLETED BY UCC ELECTIVE COORDINATOR**

Your request for \_\_\_\_\_  
 (Elective Title) (Course Number) (From) (To)

**(Is) (is not)** approved.

Please report to: \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
 Elective Coordinator

\_\_\_\_\_  
 Dean of Medicine

## Visiting Students Information

UNIVERSIDAD CENTRAL DEL CARIBE School of Medicine welcome students enrolled at LCME accredited medical schools to apply for elective courses. Students must be in good academic standing and in their final year and MUST have completed all required clerkships.

Students should request dates for participation, which coincide with the dates for electives at UCCEM. There is \$200.00 (non-refundable) for the processing of each course application. A check or money order payable to the UNIVERSIDAD CENTRAL DEL CARIBE School of Medicine must accompany each application.

Applications will not be processed until completed documents are received.

In order to be eligible for elective courses the following information is required.

1. The student must be in good academic standing at an LCME accredited medical school and have completed three years of medical studies. Submit a transcript of the medical courses approved.
2. Application is considered only after UCC students register.
3. The maximum number of weeks a student may take electives at the UCC is eight (8). Assignment of visiting students are made after the schedules of UCC students have been completed.
4. Visiting students must receive an evaluation from our medical school for elective course work completed at the UNIVERSIDAD CENTRAL DEL CARIBE School of Medicine.
5. Evaluation of the student's performance will be sent to the Office of Elective Courses at the visiting student's home school.
6. A written communication from the Dean or authorized delegate of the home school expressing the approval of the student's request is required.
7. The applicant student must submit a proof of immunity to measles, mumps and rubella, as well as successful completion of Universal Precaution Training.
8. The UCCEM School of Medicine does not provide student health, liability or malpractice insurance for visiting students. Visiting students must provide their own health insurance and be responsible for their malpractice insurance. Submit proof of health insurance and malpractice insurance.
9. The UCCEM will assist in the identification and location of housing facilities. However, the students are responsible for their room and board.
10. If the elective requested requires direct contact with patients, students must be able to speak fluent conversational Spanish. Student must be fully bilingual.

Students interested in applying for electives at UCCEM should contact:

Coordinator for Elective Courses  
medicalelectives@uccaribe.edu  
UNIVERSIDAD CENTRAL DEL CARIBE  
P. O. Box 60327  
Bayamón, Puerto Rico 00960-6032  
(787)798-3001 (Exts. 2082 - 2324)