



VISITING STUDENT ELECTIVE REGISTRATION FORM

NAME _____ Sex Assigned at Birth _____

Last

First

M.I.

MEDICAL SCHOOL _____

PERMANENT ADDRESS _____ LOCAL ADDRESS _____

MOBILE NUMBER _____ NYU KERBEROS ID _____

NAME OF EMERGENCY CONTACT _____

ADDRESS OF EMERGENCY CONTACT _____

MOBILE NUMBER OF EMERGENCY CONTACT _____

NEW YORK UNIVERSITY GROSSMAN SCHOOL OF MEDICINE REQUIRES ALL VISITING STUDENTS PARTICIPATING IN ELECTIVE PROGRAMS TO CARRY PERSONAL HEALTH INSURANCE. PLEASE COMPLETE THE INFORMATION BELOW.

NAME OF INSURANCE CARRIER _____

GROUP OR CERTIFICATE NUMBER _____

NAME OF ELECTIVE _____

DEPARTMENT _____

DATES OF ATTENDANCE _____

PRECEPTOR _____ HOSPITAL _____

NEW YORK UNIVERSITY GROSSMAN SCHOOL OF MEDICINE REQUIRES ALL VISITING STUDENT ENROLLED IN ELECTIVES CARRY MALPRACTICE INSURANCE. THIS INSURANCE MAY BE PROVIDED BY EITHER YOUR MEDICAL SCHOOL OR THE INDIVIDUAL STUDENT. YOUR SIGNATURE BELOW INDICATES YOU ARE COVERED BY MALPRACTICE INSURANCE.

SIGNATURE _____ DATE _____

CHECK/MONEY ORDER# _____

On the first day of your elective bring the completed form, and a check for the \$150 Registration Fee, to the Office of Registration & Student Records, 550 First Avenue, Medical Science Building, Room G-90.