ELECTIVE PROGRAM FOR OVERSEAS MEDICAL STUDENTS

APPLICATION FORM

Please email the following documents:

1. **Photo of passport.**
2. **Letter of recommendation from your medical school**.
3. **Confirmation of adequate coverage of medical malpractice liability insurance** under the jurisdiction of your medical school or professional organization.
4. **Documentation of personal health coverage**.
5. **Vaccination documentation** (must include exact dates for all vaccines given):
   - PPD/ mantoux test (double-phase testing from the same year or a Quantiferon test).
   - MMR –2 immunizations or proof of antibodies for all three components.
   - 2 Varicella immunization or antibodies or letter stating you experienced chicken-pox as a child.
   - 2 Polio immunizations (one from childhood and the other from after the age of 18).
   - 2 TDAP vaccinations (Tetanus/diphtheria/pertussis), one from childhood and one from the past 10 years and over age 18.
   - Hepatitis B (3 immunizations) and proof of antibodies.

Send to: Ms. Estherlee Kanon
Medical Students' Program
Tel: 972-2-65-55433; Fax: 972-2-6666-283
E-mail: estherlee@szmc.org.il

Shaare Zedek Medical Center
POB 3235, Jerusalem
Israel 91031

1. General information:

Family name _____ First name _____

Tel No. _____

E-mail _____

Passport No._____ Israeli I.D _____

Address (during school year) _____

_____

Address (during rest of year) _____

_____

Date of Birth _____ Marital status _____

Parents' names _____

Parents' address _____

2. Affiliations:

Professional societies _____

Youth movements _____

Previous visits to Israel (please note date and purpose of visit)

_____

_____

Relatives in Israel (name and address):

_____

_____

3. **Medical school** _____

   Date of entry _____ Expected date of graduation _____

   At the time of the elective I will be a _____year student in a ____year program

4. **Language proficiency**

	Speak	**Read**	**Write**
Hebrew			
English			
Other			

   Please note that Israeli-born students studying in programs abroad will be required to demonstrate good command of Hebrew prior to their file being processed. Israeli-born students without such knowledge cannot be accepted to the program.

5. No. of electives requested: _____ Dates: _____

   Please note that rotation dates must commence on a Sunday and conclude on a Thursday, in accordance with the Israeli work-week.

6. Departments requested (in order of preference):

   _____

   _____

   _____

   _____

   _____

Signature _____ Date _____