



VISITING MEDICAL STUDENTS FOR CLINICAL ELECTIVES

GENERAL REQUIREMENTS

- ✓ Visiting medical students can apply if they are in the process of completing their final two years of medicine (period of clinical electives - internship)
- ✓ Students can apply for **only one elective**, for a minimum period of 4 weeks and a maximum of 16 weeks (it is not possible to start or end a clinical rotation in the month of February, because it coincides with the holiday period of the University)
- ✓ Medical students must have completed clinical practices in their country of origin before coming to Chile
- ✓ Applications must be received at least 3 months in advance
- ✓ Upon receipt of application documents, the process of reviewing the applications will begin. If your application is accepted, you will receive an email including your acceptance letter in PDF format, issued by the Director of International Relations in the School of Medicine.

PLEASE NOTE: We will not send acceptance letters for clinical electives with a start date that is more than 6 months away, however your application will be in process. We will send the acceptance letter 2 months prior to the start date of the rotation.

- ✓ If the student is accepted, he/she must obtain health insurance covering medical expenses during their rotation at our University. An electronic copy of the proof of health insurance must be sent by e-mail (**NOTE:** Some type of travel health insurance is usually enough).
- ✓ Clinical electives cost \$500, regardless of the duration of the rotation (minimum 4 weeks, maximum 16 weeks). If the student's University has an Exchange Agreement with UC, the clinical elective is free of charge. Every student is responsible for their personal expenses, such as housing, food, and transportation.



REQUIRED DOCUMENTS

1. Letter of request from the applicant (**en español**) to Dr. Jorge A. Carvajal C., Director of International Relations of the Escuela de Medicina, indicating:
 - * **University of origin**
 - * **Year of medicine that you are currently completing** (also indicate the total number of years in your University's School of Medicine)
 - * **Proposed dates** of the clinical rotation (start and end of the rotation)
 - * Desired **specialty** (only one)

2. Curriculum vitae (**en español**), with picture

3. **Official transcript** - An official transcript is a transcript that has been generated by your school for use by our institution to support your application. Electronic transcripts must be sent from the University. (If the home institution does not offer official electronic transcripts, please contact the Office of International Relations at intercam@med.puc.cl)

4. **Current Student Letter/Certificate** from the Director or an Officer of your School of Medicine, indicating that you are a current student (addressed to Dr. Jorge A. Carvajal C., Director of International Relations)

5. **Letter of Recommendation** from the Director of your School of Medicine or a professor in the school (addressed to Dr. Jorge Carvajal C., General Secretary of International Relations)

6. **Certificate of Spanish Language Proficiency** of the applicant (Include **ONE** of the following); this is not needed for students from Spanish-speaking countries.
 - * Certificate/diploma of completion of Spanish B1 or higher
 - * Certificate of having lived in a Spanish-speaking country for more than a year
 - * Certificate of completion of at least one semester of academic exchange in a Spanish-speaking institution



7. Complete the **Online Registration** for Pontificia Universidad Católica de Chile:

- Register at the following link - www.uc.cl/drai
- Click "Apply Online"
- **NOTE:** When asked to "Indicate the Exchange Program" and your University DOES NOT have an Exchange Agreement with UC, select "Medicine Internship" and if your University DOES have an Exchange Agreement with UC, select "Medicine Internship (bilateral)". A completed copy of this form should be included in the application. **Important: A passport-type photo should be uploaded with the form (with white background).**

8. 2 color photos (35x35 mm) with a white background.

9. Certificate or document that verifies you have received the following **vaccines:**

- a. Hepatitis B (3 doses)
- b. Influenza vaccine
- c. Pertussis vaccine (whooping cough)
- d. Varicella vaccine

*** The certificate should include: number of doses, dates, and the institution where vaccines were administered.

Complete applications should be send electronically by sharing a Dropbox folder with all application documents (excluding the official transcript, which should be sent by your University) to the email address: intercam@med.puc.cl

Applications can also be sent by mail to:

Erin Hamilton
Dirección de Extensión y Relaciones Internacionales
Edificio Facultad de Medicina
Diagonal Paraguay 362
Santiago. Postal Code: 8330077
Chile
(56-2) 354 2009