

A person who is studying at a foreign medical school is permitted to enter the U.S. as a visitor for business on a B-1/B-2 visitor visa, on a B-1 visitor visa, or under the Visa Waiver Program (VWP) as a Temporary Business Visitor to participate in an “elective rotation” at a U.S. medical school. Please note that temporary visitor for pleasure status (B-2 or WP) is not acceptable to participate in an elective rotation. **Temporary Business Visitor (VWP) or Visitor for Business (B-1) are the only acceptable non-immigrant visa options for visiting international medical students to engage in an elective rotation.**

The following eligibility requirements must be met:

1. Student must be a third or fourth year medical student pursuing a medical degree at a foreign institution.
2. Student may not engage in research.
3. Student cannot receive remuneration (pay) from the University of Texas Health Science Center in San Antonio or any affiliated hospitals.
4. Student can only engage in two (2) electives, each of 4-weeks duration, at our institution.
5. Student must check I-94 record upon arrival to the U.S. to confirm that s/he was admitted as a visitor for business (B-1 or WB). See <https://i94.cbp.dhs.gov/I94/request.html> to print out I-94 arrival record. (If student was admitted as a visitor for pleasure, s/he must go to the local U.S. Customs and Border Protection port of entry (<http://www.cbp.gov/contact/ports>) to request that the arrival record be corrected.)
6. **Student is fully responsible for making sure that s/he is in full compliance with all U.S. Department of Homeland Security laws and regulations and maintain lawful immigration status while in the U.S.**

Medical electives are organized with the School of Medicine’s Office of the Associate Dean for Students. Please visit their website (http://som.uthscsa.edu/StudentAffairs/visting_students.asp) and contact them directly if there are questions. The Office of International Services (OIS) will provide immigration assistance upon request only for foreign medical students who have been approved by the School of Medicine for an elective rotation.

Required Documents to Process B-1 Request:

International Visiting Medical Student – Elective Rotation Form from the Office of International Services

Copy of Passport Information (Name) Page

Copy of B-1/B-2 Visa Page (if applicable)- visitors on the Visa Waiver Program will not have a physical visa stamp

Copy of I-94 Arrival Record if already physically present in the U.S. (available at website indicated above in form)

Copy of official invitation letter from the hosting department at the UT Health Science Center at San Antonio stating the rotation details including exact start and end dates, description of activities to be engaged in during elective rotation, location of activities, and signature of Program Director.

Attestation for Foreign Medical Students Participating in an Elective Rotation from the Office of International Services

Copy of Application for Elective Rotation (with all three required signatures) which can be found on the website for the School of Medicine’s Visiting Students Senior Academic Year Catalog <http://som.uthscsa.edu/srselect/vsstudents.asp>

Processing:

At least one month in advance of the medical student’s proposed elective start date, this form should be completed by the hosting department and submitted in hard copy with all required documentation to the OIS. Once it has been reviewed by the OIS, the department and individual will receive an email with further instructions

TO BE COMPLETED BY INTERNATIONAL VISITOR:

Gender: Male Female Marital Status: Single Married

Family Name Given Name Middle Name

Date of Birth (mm/dd/yyyy) City of Birth Country of Citizenship

Occupation in Home Country Email Address

Address in Home Country:

Number and Street

City State/Province Country

Postal Code Phone (include area & country code)

Name of Current Medical School Anticipated Graduation Date (mm/dd/yyyy)

TO BE COMPLETED BY ACADEMIC DEPARTMENT HOSTING THE MEDICAL STUDENT:

Dates of Appointment at UT Health Science Center: _____

Activities will include: Teaching Research Coursework Patient care Observation

Address of Primary Site of Activity: _____

Address of Other Sites of Activity: _____

Department Division Departmental Administrative Contact Name (Please Print)

Departmental Administrative Contact's Email Departmental Administrative Contact's Phone

REQUIRED SIGNATURES:

By signing below, I attest that:

- 1) The prospective visitor is a third or fourth year foreign medical school student doing an "elective clerkship" at the HSC
- 2) The prospective visitor will be supervised by faculty physicians and will not undertake research
- 3) The prospective visitor will not receive remuneration from UT Health Science Center or the hospital at which they will be

Visiting Medical Student: _____ Date: _____

Program Administrator/Coordinator: _____ Date: _____

Program Director: _____ Date: _____