



**UCSF FRESNO
MEDICAL EDUCATION PROGRAM
SUMMER PROGRAMS
MEDICAL STUDENT SCHOOL AUTHORIZATION**

DATE: _____

SUMMER PROGRAM:

- Summer Rural Preceptorship (CAFP Co-Sponsored Sites)
- Summer Research
- Medical Spanish and Clerical Skills

SECTION I: TO BE COMPLETED BY MEDICAL STUDENT

Last Name: _____ First Name: _____ Middle: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

SECTION II: TO BE COMPLETED BY THE DEAN OR AUTHORIZED OFFICIAL OF STUDENT'S MEDICAL SCHOOL:

The student named above is a _____ year medical student in good standing and is authorized to participate in the Summer Program(s) at UCSF Fresno.

MALPRACTICE INSURANCE

- Does cover the student away from this school.
- Does Not cover the student away from this school.

PERSONAL HEALTH INSURANCE

- Is in effect away from this school
- Is not in effect away from this school*

Authorized By: _____ Date: _____

Name: (Print or Type) _____ Title: _____

Name of School: _____

Address: _____ Phone: _____

AFFIX
SCHOOL
SEAL
HERE

*Student Health Insurance: Visiting students without health coverage should obtain it within 5 days of their arrival at UCSF Fresno. Suggested Internet sources of coverage: 1) www.ehealthinsurance.com 2) www.simplyhealth.com