

Chulabhorn International College of Medicine

Office of Student Affairs
Visiting Student Application



Please complete and submit to cicm.tu@sa.gmail.com

VISITING MEDICAL STUDENT PROGRAM – APPLICATION (Part 1) Page 1 To be completed by
Visiting Student.

Student Name (First, Middle, Last):	
Medical School:	
Year in Program:	
Expected Degree:	
Expected Degree Date (mm/dd/yy):	
Medical School Address:	
Medical School Contact:	
Contact Phone:	
Contact Email Address:	
Name and Address of Emergency Contact Person:	
Emergency Contact Phone:	

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TO BE ELIGIBLE FOR CONSIDERATION, all visiting students must submit the entire Application (pages 1-7) to the *Office of Student Affairs* together with the following documents:

1. Photograph – Must be in color, must not exceed 3x4-inches in size, must show full view of head and shoulders.
2. Curriculum Vitae
3. Criminal Background Check Report (school letters are accepted)
4. Cheque for 1000.00 Thai Baht, per elective being requested
5. Before starting a rotation, international students must provide proof of valid visa status (you may fax or Email a copy of your passport Visa page)

__ (initial)I understand that all the above materials must be submitted together in ONE packet, otherwise my application will be considered incomplete and may result in my not being offered an elective.

__(initial)I acknowledge that I am currently enrolled in the Medical School that is verifying my application

Signature: _____ Date: _____

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VISITING MEDICAL STUDENT PROGRAM – APPLICATION (Part 2) Page 3 To be completed by Dean of Student or designated official at medical school where the Visiting Student is enrolled.

Student Name (First, Middle, Last): _____

Student is approved to do electives away from home school for academic credit:

Yes

No

Student will be enrolled as a 4th or final year med student at home school at time of elective rotation (circle):

Yes

No

Student is in good academic standing at home school (circle):

Yes

No

Student has taken and passed Step 1 of the USMLE (U.S. and Canadian Students only, documented proof required) (circle): IFOM-BSE accepted for International students. COMLEX accepted for Osteopathic students.

Yes

No

HOME SCHOOL VERIFICATION: To be completed by Dean or Registrar

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Please complete and submit to cicm.tu@sa.gmail.com

Authorized by (signature): _____

Date: _____

Name (print or type): _____

Title _____

Home Medical School: _____

Address: _____

[School Seal]

Telephone: _____

Email Address: _____

AN EMBOSSED SCHOOL SEAL MUST BE IMPRINTED IN THE BOX ABOVE OR THE APPLICATION WILL BE RETURNED.

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VISITING MEDICAL STUDENT PROGRAM – APPLICATION (Policy) Page 5 To be completed by Visiting Student.

Please direct all applications, correspondence, and questions to:

Visiting Medical Student Program
Department of Student Affairs
Chulabhorn International College of Medicine @ Thammasat University
2nd floor of Piyachart Building.
Rangsit Campus
Km. 41, on Paholyothin Highway, Klong Luang,
Pathum Thani, Thailand 12120
Email: cicm.tu@sa@gmail.com

NOTICE: We charge a NON-REFUNDABLE application processing fee of 1000.00 Thai Baht for each elective that you request. This processing fee is not dependent on being offered an elective.

I understand that the scheduling of elective rotations is done on a first come, first served basis and that I may not get the elective(s) that I am requesting on this form.

I understand that I will be charged an application processing fee of 1000.00 Thai Baht for each elective that I request and that this fee is non-refundable, regardless of whether or not I am offered or accept an elective.

Signature of Applicant: _____

Date: _____

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VISITING MEDICAL STUDENT IMMUNIZATION COMPLIANCE (Page 6-7)

Visiting Medical Student Program
Department of Student Affairs
Chulabhorn International College of Medicine @ Thammasat University
2nd floor of Piyachart Building.
Rangsit Campus
Km. 41, on Paholyothin Highway, Klong Luang,
Pathum Thani, Thailand 12120 Email: cicm.tu@sa@gmail.com

The following information MUST be completed in its entirety and supporting documents attached. Your Visiting Student application is not considered complete until all immunization documents have been received. ALL immunizations are required before participating in the Visiting Student Program at Chulabhorn International College of Medicine and its affiliated hospitals.

Visiting Student Name (First, Middle, Last):

HEPATITIS B (series of three doses)

Date dose #1:

Date dose #2:

Date dose #3:

MMR (Measles, Mumps, Rubella)

Vaccine OR Positive Serology

Measles (Rubeola)

Date:

Date:

Mumps

Date:

Date:

Rubella (German Measles)

Date:

Date:

VARICELLA

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Have you had Chicken Pox? (check one):

Yes

No

Unknown

If No, were you immunized?

Yes (indicate date)

No

DIPHTHERIA / TETANUS (Primary series plus booster within the last 10 years)

Diphtheria date:

Tetanus date:

POLIO (Documented proof not required)

Have you been vaccinated? (check one):

Yes

No

Unknown

TUBERCULOSIS SCREEN (PPD) Mantoux method 12 months prior to completion of Case elective.

PPD Date:

Result (circle one): Negative Positive*

*Positive PPD requires chest X-ray:

X-ray Date

Result:

The above information **MUST** be completed in its entirety and documentation attached (physician letters, lab reports, etc.).

Hepatitis B: Series of three doses

MMR (Mumps, Rubeola, Rubella): Vaccine or positive serology

Varicella

Diphtheria & Tetanus (primary series plus booster within last 10 years)

Tuberculosis Screen (positive PPD also requires chest X-ray)