

January 28, 2011

Dear Visiting Student Coordinator:

Ms./Mr. STUDENT NAME is in good standing at the University of Illinois College of Medicine at Chicago and has the approval of the college to do this externship. She/He has completed Universal Precautions Training and the required core clerkships (Family Medicine, Medicine, Obstetrics/Gynecology, Pediatrics, Psychiatry and Surgery) by the start of this externship. Ms./Mr. STUDENT NAME will be in her/his final year of medical school by the start of this externship. She has completed the USMLE Step 1 Exam.

Students that are participating in University-approved externships, and that receive course credit, are covered for general and professional liability through the University of Illinois Liability Self-Insurance Plan. The Plan covers liability the student incurs because of activities related to their course work. The Plan does not cover the liability of the employees of the host institution. The limit of liability is \$1 million per occurrence and \$3 million in the aggregate. In addition, it is the policy of the University of Illinois College of Medicine that all students are covered by hospitalization insurance. The students may either elect to be covered by the University's student insurance plan, or they may elect to be covered by their parent's health plan, or one of their own choosing that meets the minimum requirements set forth by the University.

On the basis of her/his medical school record thus far, I am happy to send this recommendation to you. *Please notify us once this student has been approved for this elective.*

Thank you for your consideration of this request.

Sincerely,

Kathleen J. Kashima, PhD  
Senior Associate Dean of Students  
College of Medicine Administration

KJK

cc: STUDENT NAME  
Electronic student file