Visiting Medical Student / Medical Graduate Observer Application

Fourth-Year Elective Clinical Rotation or Medical Graduate Observership

Instructions: This application is for individuals seeking either a fourth-year visiting medical student elective who are enrolled in a medical school NOT accredited by LCME or COCA. Students whose school is accredited by those organizations MUST go through Mercer University School of Medicine to obtain an electives. Applicants must have documented Georgia ties and must identify a proposed AHN sponsor/preceptor before the request can move forward. Submission of an application does not guarantee approval. Final clearance requires Medical Education review, Sponsor approval, and completion of AHN onboarding requirements. Please be advised that AHN does NOT provide housing or financial payments to students or Sponsors that host students.

1. Applicant Type

Select one	☐ Fourth Year Visiting Medical Student Elective ☐ Medical Graduate Observership

2. Applicant Information

Full legal name	
Preferred name, if different	
Date of birth	
Email address	
Phone number	
Current mailing address	
Citizenship / visa status, if applicable	
Government-issued photo ID attached	☐ Yes ☐ No

3. Medical Education Background

Medical school name	
Country of medical school	
Degree program / degree awarded	☐ MD ☐ DO ☐ MBBS ☐ Other: _____
Current status	☐ Currently enrolled fourth-year medical student ☐ Medical school graduate
Expected graduation date (student) or Graduation Date (observer)	
ECFMG status, if applicable	☐ Certified ☐ In process ☐ Not applicable
School clinical education office contact, students only	Name / Email / Phone:

4. Requested Experience

Requested AHN department / specialty	
Requested rotation or observership title	
Requested start date	

Requested end date	
Requested AHN location / clinical site	
Rotation Sponsor/ Preceptor name	
Sponsor/ Preceptor department	
Rotation Educational purpose / goals	
Has applicant previously completed an AHN experience?	☐ Yes ☐ No If yes, dates/location: _____

5. Georgia Ties Verification

Georgia tie category	☐ Georgia resident ☐ Immediate family in Georgia ☐ Prior Georgia education/training ☐ Prior Georgia employment ☐ Other: _____
Brief description of Georgia tie	

5. Required documentation for submission

Georgia ties	
Medical school diploma (Observerships only)	
Sponsor/ Preceptor Attestation form	
Current CV	
Government issued ID	
HR compliance documentation (background check; immunization record to be uploaded to assigned verification system)	

6. Applicant Attestation

Attestation Item	Yes	No
I certify that the information in this application is accurate and complete.	☐	☐
I understand that approval is not final until AHN Medical Education, department leadership, and onboarding offices have cleared the request.	☐	☐
I agree to follow AHN policies, confidentiality requirements, HIPAA requirements, infection prevention standards, and professional conduct expectations.	☐	☐
If I am a visiting medical student, I understand that I may participate only in approved supervised educational activities.	☐	☐

If I am an observer, I understand that I may observe only and may not provide patient care, perform exams, document in the medical record, enter orders, or perform procedures.	☐	☐
I understand AHN may withdraw approval or end the experience if requirements are not met or expectations are not followed.	☐	☐
Applicant signature	**Date**	

Submission Instructions

Submit completed application and required supporting documents of Georgia ties and graduation verification if applicable to: AHN Graduate Medical Education / Medical Education Office at: 777 Hemlock St. MSC 165 Macon, GA 31201 or via email to GME Admin Office" <ahn_gmeadminoffice@carolinashealthcare.onmicrosoft.com>

Required HR documentation will be submitted electronically to assigned verification system

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For Graduate Medical Education Use -Only

Medical Education Review

Date application received	
Reviewed by	
Applicant type confirmed	☐ Student ☐ Observer
Georgia ties verified	☐ Yes ☐ No
Required Documentation listed in Step 5 is complete and satisfactory	☐ Yes ☐ No
Sponsor/ Preceptor confirmed	☐ Yes ☐ No
School verification complete (students only)	☐ Yes ☐ No ☐ N/A
Graduation verified (observers only)	☐ Yes ☐ No ☐ N/A
Date forwarded to HR for onboarding	Date:
Date cleared by HR	Date:
Final decision	☐ Approved ☐ Denied ☐ Pending
DIO / Medical Education designee signature	
Date	
Medical Education notes	