



**Your application must include:**

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|--|---|
| <input type="checkbox"/> page 1: personal & professional information<br><input type="checkbox"/> page 2: elective selection and student attestation<br><input type="checkbox"/> page 3: medical school official certification<br><input type="checkbox"/> official copy of student transcript ( <i>in English</i> )<br><input type="checkbox"/> Letter of recommendation from University | <input type="checkbox"/> application essay<br><input type="checkbox"/> updated CV<br><input type="checkbox"/> copy of TOEFL score report (if requested)<br><input type="checkbox"/> USLME score sheet (if available)<br><input type="checkbox"/> proof of payment of € 70 application fee |
|--|---|

**Send Complete Application to:**

max.kade@americanaustrianfoundation.org

**Please transfer your application fee of € 70 to the following Austrian bank account:**

**Bank:** Spängler Bank

**Recipient:** Verein der Freunde der American Austrian Foundation

**BIC:** SPAEAT2S

**IBAN:** AT53 1953 0001 0022 2030

**I - Personal Information**

1. **Name & Pronouns** (*First Name / Surname*)

2. **Gender**

- Female  Male  Diverse

3. **Home Address**

(*street, city, state, postal code, country*)

4. **Mobile Phone Number**

5. **Email Address (private)**

6. **Date & Place of Birth**

7. **Citizenship**

8. **First Language**

**II - Professional Information**

9. **Medical School Name/Location**

10. **Degree you will earn** (*e.g. MD or MD/PhD*)

11. **Expected Graduation Date**

12. **TOEFL Score** (*enclose official score report*)

13. **English Skills** (*fluent; good; fair*)

14. **USLME: step 1 or step 2**



<b>III - Elective Selection and Student Attestation</b>			
<b>To qualify for a clinical clerkship, the following core clerkships must be completed:</b> (US-universities require 8 weeks for each core clerkships) - Please fill in details below			
Core Clerkship	Duration (# of weeks)	Date Completed	Grade
Internal Medicine			
Obstetrics/Gynecology			
Pediatrics			
Psychiatry			
Surgery			
<b>IV - Clerkship Requested: (state institution, subject &amp; time period)</b>			
<b>1<sup>st</sup> Choice:</b>			
<b>2<sup>nd</sup> Choice:</b>			
<b>3<sup>rd</sup> Choice:</b>			
<b>Date to Begin* Clinical Elective(s)</b> <i>(Electives must start and end on elective dates indicated on the host-institution's website. (If dates are not available, please state a time period that would be suitable for you.)</i>	<i>(month/day/year)</i>		
<b># of Months</b> <i>(two month maximum)</i>	1 month <input type="checkbox"/> 2 months <input type="checkbox"/>		
<b>V - Application Essay:</b>			
Please state the objectives you hope to achieve during the fellowship and their relevance to your career goals. (attach additional pages)			
<b>VI - Student Attestation – Please check each item and sign at the end of this section</b>			
<p><b>The information I have provided in my application form and all attachments is accurate. If I am accepted and enrolled, I...</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> will respect the confidential nature of all medical records and personally identifiable information related to patients.</li> <li><input type="checkbox"/> will act prudently within the limits of my knowledge, experience, and training; follow policies related to procedures and etiquette; and wear attire acceptable to the host university.</li> <li><input type="checkbox"/> shall respect all property belonging to the host university and its affiliated institutions and I understand that I will be responsible for the repair or replacement of any property damaged or destroyed by me.</li> <li><input type="checkbox"/> will be responsible for my own housing and transportation to and from the host university.</li> <li><input type="checkbox"/> understand that if I am unable to attend scheduled activities, I must notify the host university and the AAF Office.</li> <li><input type="checkbox"/> cancel the fellowship after the invitation letter was received, I will be obliged to refund the AAF for the full amount of the fellowship.</li> </ul>			
<hr style="width: 100%; border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Signature</b>		<hr style="width: 100%; border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Date</b>	



**VII - International Medical School Official Certification:**

For completion by Dean/Designated Official of student's home medical school

**STUDENT: Last Name :**

**First Name:**

This is to certify that the medical student named above is in good standing at this institution, that the information provided on pages 1 and 2 of this application is correct, and that the student does have our permission to enroll for a clinical clerkship in the US. The student has completed all required core clerkships (as noted on page 2).

**MEDICAL SCHOOL OFFICIAL:**

**Last Name :**

**First Name:**

**Official Title:**

**Email Address:**

**Medical School Name:**

**Location: (city/country)**

**Is instruction at your medical school in English?      Yes       No**

*(if English is not the principal language of instruction, student's TOEFL exam results must be provided)*

\_\_\_\_\_  
*Signature of Medical School Official*

\_\_\_\_\_  
*Date*



## **Program Information & Data Protection**

### **Eligibility for Clinical Rotations**

Austrian medical students are eligible to complete a clinical clerkship in the US in their last year of medical school. Due to the elaborate selection process, candidates need to apply one year before their final year of medical school. Please find all relevant dates and deadlines on our website.

During your stay in the US, it is obligatory that you are still enrolled at your home university. Therefore, it is only possible to complete the clinical rotation in the US prior to your graduation date at your home university.

### **Clinical Rotations Available to Eligible Students**

Our partner universities make an effort to provide the greatest possible variety of clinical rotations to the Austrian visiting medical students. Clinical clerkships are accessible to Max Kade students, it is not guaranteed however, that your preferences regarding subject and date of the clinical clerkship can always be considered. This depends on availability of the rotations and can only be decided by the host institutions.

### **Duration**

You can apply for a clinical clerkship at a US partner institution with duration of 1 month or 2 months (maximum). Exception: Clerkships at Weill Cornell Medical College are available for the duration of one month only! One subject course lasts approx. 1 month. If you apply for a clinical clerkship for 2 months, it is not possible to be selected for the same subject twice. Electives must start and end on elective dates as indicated on the host institutions' website.

### **Please note that in order to be considered for a Max Kade Clinical Rotation:**

1. You need to submit your application to the AAF office in Vienna
2. After being selected, you need to reapply at the assigned host institution.
3. Only after receiving official confirmation of your clerkship by the US host institution, you can start making flight and housing arrangements, apply for a visa and organize personal health care insurance for the US.

**Confirmation of your acceptance** for any given elective will be announced by the host institution latest 6 weeks prior to the beginning of each rotation.

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**IBAN:** AT53 1953 0001 0022 2030

Incomplete applications or late submissions will not be considered!

With my signature I hereby agree that

1. My personal data as stated above as well as photographs taken during the ongoing program may be used for managing the programs of the AAF according to the General Data Protection Regulation of the European Union as well as its correspondent legislation in the United States of America, respectively.
2. I give my consent that these data may be stored both electronically and on paper for as long as is necessary for the correct management of OMI medical program applications. I acknowledge that my data will be processed by the American Austrian Foundation Inc. (575 Lexington Avenue, 11th Floor, New York, NY 10022, USA), Verein der Freunde der AAF (Kärntner Straße 51/2/Top 4, 1010 Vienna, Austria), Salzburg Stiftung der AAF (Arenbergstraße 10, 5020 Salzburg, Austria), Schloss Arenberg gem. Betriebsges. m. b. H. (Arenbergstraße 10, 5020 Salzburg, Austria), and the Max Kade Foundation (6 E 87th St, New York, NY 10128, USA). I further acknowledge that this consent is given voluntarily and may be withdrawn at any time; should I ascertain or believe that my data are processed at variance with protection of my private and personal life or at variance with the law, I may request to provide an explanation or claim my data to be blocked, corrected, supplemented or altogether destroyed.

(Details to our policies can be found at [www.americanaustrianfoundation.org/privacy](http://www.americanaustrianfoundation.org/privacy) and <https://www.openmedicalinstitute.org/privacy/>.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**