

# CHECKLIST

Applicants Name: \_\_\_\_\_

- Curriculum Vitae (1,2,3)
- Original Medical School Transcript (1,2,3)
- Personal Interview and Recommendation from Voluntary Faculty (1,2,3)
- Letters of Recommendation (1,2,3)
- Recommendation from the Dean of Applicants Medical School (1,3)
- Certified Copy of Medical School Diploma (1,2)
- Essay (2,3)
- TOEFL Scores (2,3)
- USMLE Scores (1)
- ERAS Enrollment (1)
- National Resident Matching Program Enrollment (1)

1 = Residency Program

2 = Elective Program

3 = Medical Student Program

Please send **only complete application** with all attachments and payment.





**International Medicine Institute  
Harrington Programs for Latin America and the  
The Caribbean and Global Observerships  
1500 NW 12<sup>th</sup> Avenue, Jackson Medical Towers  
East Building, Suite 1027, Miami, Florida 33136**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

Phone (305) 243-6826 Fax (305) 243-6830 -Attach to front of application **DO NOT EMAIL THIS FORM**

(For office use only)

Observer's Name			Observership Period	Total Amount
First name	Middle name	Last name	FROM: month - day - year TO: month - day - year	

**Financial Information-Authorization:**

**CIRCLE the Credit Card Type**      **Account number**      **Expiration date**      **Security Code**      **Total Amount**

Visa    Discover    M/C    Am. Exp. \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
(month/day/year)      (3 or 4 digits on back of card)

Name as it appears on card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellular: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Country - City code - Tel.

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

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

By signing this form, I authorize the University of Miami to charge the credit Card(s) as stated above as payment to cover the Application Processing Fee and/or the Administrative Fee.

**CANCELLATION POLICY**

All administrative fee payments are due two months prior to the beginning of your first rotation. Cancellations must be received 30 days prior to your start date to receive a refund. NO REFUNDS for cancellations received within 30 days of start date.

**THE WILLIAM J. HARRINGTON  
MEDICAL TRAINING PROGRAMS FOR LATIN AMERICA AND THE CARIBBEAN  
OBSERVERSHIPS**

The following is a list of rotations we offer. Each rotation has a duration of four weeks from the beginning to the end of the month unless otherwise specified. ROTATIONS MUST BE APPROVED BY YOUR SCHOOL BEFORE YOU SUBMIT YOUR APPLICATION AND CANNOT BE CHANGED ONCE THEY HAVE BEEN ASSIGNED.

**INTERNAL MEDICINE**

Cardiology Consult  
Cardiology Team  
Cardiology Teaching Laboratory (Harvey)  
Coronary Care Unit  
Coronary Care Unit - UMH  
Diabetes/Clinical  
Endocrinology  
Gastroenterology  
JMH-WW12 the inpatient service  
JMH-Hematology Consultation  
UMH-NW11-inpatient service  
UMH-Hematology Consult Service  
Hepatology  
Infectious Diseases  
Internal Medicine Wards Team 1  
Internal Medicine Wards Team 3  
Internal Medicine Wards Team A- UMH  
Internal Medicine Wards Team B- UMH  
Internal Medicine Clinic  
Medical Intensive Care Unit  
Nephrology  
Nephrology Transplant Team  
Oncology  
Pulmonary Medicine (VAMC)  
Sleep Disorders  
Rheumatology

**PEDIATRICS**

Adolescent  
Cardiology  
Child Protection Team  
Endocrinology  
Gastroenterology & Nutrition  
General  
Genetics  
Hematology-Oncology  
Intensive Care Unit  
Infectious Diseases & Immunology  
Nephrology  
Pulmonary

**SURGERY**

Burn Unit  
Cardiothoracic  
Colorectal

**SURGERY (CONTINUED)**

General  
Laparoscopy/General  
Neurological  
Oncology/General  
Pediatric  
Plastic\*\*  
Surgical Intensive Care Unit (SICU)  
Transplant  
Trauma Intensive Care Unit  
Vascular Surgery

**OTHER SPECIALTIES**

Anesthesiology  
Dermatology \*  
Neurology (Stroke)  
Nuclear Medicine  
Obstetrics & Gynecology (6 weeks) \*  
Obstetrics Maternal-Fetal (4 weeks)\*  
Clinical Gynecology (4 weeks)\*  
Gynecologic Oncology (4 weeks)\*  
Reproductive Health (2 weeks)\*  
Infertility (2 weeks)\*  
Uro-Gyn (2 weeks)  
Ophthalmology \*  
Orthopedics-Hand Surgery\* (2 weeks)  
Orthopedics-Trauma\* (2 weeks)  
Orthopedics – Joint Replacement Surgery  
Otolaryngology  
Physical Medicine and Rehabilitation  
Psychiatry – Adult - Intensive  
Psychiatry - Crisis Intervention  
Radiology: Diagnostic I (students only)  
Neuroradiology (2 weeks only)  
Radiation Oncology  
Urology

**\*Departments marked with an (\*) only accept medical students through our Program. Medical graduates must contact these departments**



UNIVERSITY OF MIAMI  
MILLER SCHOOL  
of MEDICINE

**MEDICAL STUDENT PROGRAM  
OBSERVERSHIP**

(PHOTO)

**The William J. Harrington  
Medical Training Programs for Latin America and the Caribbean  
International Medicine Institute**

**Eduardo de Marchena, M.D.**  
Associate Dean for International Medicine  
International Medicine Institute

**J. Donald Temple, M.D.**  
Medical Director

**Thomas J. Harrington, MD**  
Program Co-Director

**Olivia Catá**  
Programs Director

**Elvia J. Quevedo**  
Administrative Assistant

**Lilibeth Sanchez**  
Administrative Assistant

**Please type or print in clearly in black**

For a period from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

Your name in full \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
First Middle Last

Current address \_\_\_\_\_  
Street Address  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

**Telephones:**  
Home \_\_\_\_\_ Celullar \_\_\_\_\_ Fax \_\_\_\_\_  
Codes: Country-City-Telephone Country-City-Telephone Country-City-Telephone  
E-mail \_\_\_\_\_ (Please type or print clearly)

Permanent home address \_\_\_\_\_  
(If different from current) Street Address  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Codes: Country-City-Telephone Country-City-Telephone Type or print clearly

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
City Country Mo-Day-Year STATE ALL CITIZENSHIPS

Marital status \_\_\_\_\_ Spouse's name \_\_\_\_\_

If single, nearest relative \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Medical School \_\_\_\_\_ Expected graduation date: \_\_\_\_\_  
Mo-Day-Yr.

Indicate the medical clerkships in which you wish to participate. Choose first and second specific rotations from the enclosed list.

FIRST CHOICE

SECOND CHOICE (Different from first choices)

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Indicate Languages spoken fluently \_\_\_\_\_

Medical School year presently attending \_\_\_\_\_

Will your Medical School credit you for time spent in our Program? \_\_\_\_\_

Is the period you requested to spend in our Program part of your vacation time? \_\_\_\_\_

Have you passed the Test of English as a Foreign Language Examination (TOEFL)? \_\_\_\_\_

Date taken \_\_\_\_\_ Score \_\_\_\_\_ (Enclose copy of results) planning to take on: \_\_\_\_\_  
Date

**Enclosed please find a list with the names and addresses of our Voluntary Faculty in your area.**

Interviewed in home country by: \_\_\_\_\_ Interview date \_\_\_\_\_

**THIS IS A REQUIREMENT: The result of your interview with our Voluntary Faculty is confidential and it will be sent directly to our office.**

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_

**A \$75.00 NON-REFUNDABLE APPLICATION PROCESSING FEE MUST ACCOMPANY APPLICATION.**

**Our administrative fee is \$500 per month. Please note that effective December 1, 2016 our administrative fee will be \$750 per month. Applicants selected to participate in our Observership Program will receive a letter of acceptance indicating the amount to be paid for the period accepted and the date payment is due. Please see attached information for method of payment and credit card form.**

**The following must be submitted with the completed application:**

- 1) Recent Photograph
- 2) Copies of Passport and USA visa page (if applicant already has a USA visa)
- 3) Copy of results of test of English as a Foreign Language (TOEFL). - Proof of having passed the test of English as a Foreign Language (TOEFL) with an Internet base test minimum score of 79-80. Paper base test minimum score is 550 points. TOEFL results are valid for two years only. Test must valid to apply. Medical students that have passed any of the United States Medical Licensing Examinations (USMLE) do not need to take the TOEFL.
- 4) Original medical school transcript from the beginning of the medical career to present date. Applicant must have completed at least one year of clinical experience at the home country medical school to be accepted for medical clerkships in our Program.
- 5) Curriculum Vitae ( in English) including list of publications
- 6) An essay of approximately 300 words describing your future long term plans (10-15 years from now ) in the medical profession **\*Your long-term plans should include where you intend to train, practice medicine, and the type of practice of your interest: private, research, academic or a combination.**
- 7) A letter of recommendation from the Dean of your medical school
- 8) One letter of recommendation from the Chairman of the Department of Medicine, the Director of Medical Curriculum, Or Director of Clinical Rotations

**Mail application via regular mail to:**

Mail application to: Olivia Cata, Programs Director, The William J. Harrington Medical Training Program for Latin America, the Caribbean, and Global Observership, 1500 N.W. 12<sup>th</sup> Avenue, Jackson Medical Towers, East Building, Suite 1027, Miami, FL 33136, U.S.A.

Our e-mail addresses are as follows: [ocata@miami.edu](mailto:ocata@miami.edu) or [equvedo2@miami.edu](mailto:equvedo2@miami.edu) or [lx859@med.miami.edu](mailto:lx859@med.miami.edu)

**UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE  
INTERNATIONAL MEDICINE INSTITUTE**



**The William J. Harrington Medical Training Programs  
For Latin America and the Caribbean  
Medical Student Observership Program**

**Requirements**

**Dear Applicant,**

We are pleased to learn of your interest in the William J. Harrington Medical Training Programs for Latin America and the Caribbean at the University of Miami Miller School of Medicine. Our program, unique in its kind, was founded by Dr. William J. Harrington Sr. in 1967 and since then, thousands of medical students like you have enjoyed the privilege of participating in our Observership Program.

We invite you to review our program's requirements and comply accordingly. All requirements must be met to be considered for participation in our Program.

**1. Recent Photograph**

**2. TOEFL Requirement:**

- **Proof of having passed the Test of English Test as Foreign Language also known as TOEFL**
- **Minimum passing score accepted in your computer-based TOEFL is 213 points**
- **Minimum passing score for internet- based TOEFL exam is 79-80**
- **Paper based TOEFL test score minimum is 550 points.**
- **TOEFL test results are valid for 2 years ONLY.**

- TOEFL telephone – 609-951-1100
- To visit TOEFL’s web-site: [www.TOEFL.org](http://www.TOEFL.org)
- To locate our program, we are listed under University of Miami “Latin-Training”
- To have your TOEFL results sent directly to our program, please use code 5802.
- TOEFL exam must be valid to apply

**TOEFL Requirement Exception:**

- Medical Students that have passed any of the United States Medical License Examinations (USMLE) do not need to take the TOEFL. ALL other applicants MUST take and pass this exam.
- Medical students may obtain a TEMPORARY WAIVER that will allow their application to enter the selection pending the TOEFL results if they submit an English Certificate from an accredited institution in their home country or the USA

3. Personal interview and recommendation in writing from one of our Voluntary Faculty in the applicant’s country (Please see enclosed list). **Recommendation is confidential and is sent directly to our Program.**

Please be sure to:

- Call for appointments with Voluntary Faculty Monday-Friday from 9:00 am to 5:00 pm ONLY
- Have all the requirements ready when you call

4. One letter of recommendation from the Chairman of the Department of Medicine, the Director of Medical Curriculum, or Director of Clinical Rotations.
5. Recommendation, in writing, from the Dean of the applicant’s medical school
6. Curriculum Vitae (in English)
7. Original medical school transcript from the beginning of the medical career to present date. **Applicant must have completed at least one year of clinical experience at the home country medical school before beginning medical clerkships in our Program.**
8. An essay of approximately 300 words describing your future long-term plans (10-15 years from now) in the medical profession. Your long-term plans should include where you intend to practice medicine and the type of practice that is to your interest: private, research, academic or a combination.
9. Submission of a complete application. Please be sure to sign and date it. (The application is attached).
10. A \$75 non-refundable application fee (Please see below for notice regarding our fees)

### **Selection Dates and Selection Notification:**

- Applications for periods beginning any month **between June and November** must be received by January 31<sup>st</sup>.
- Results for this selection period will be available March 15<sup>th</sup>.
- Applications for periods beginning any month **between December and May** must be received by July 31<sup>st</sup>.
- Results for this selection period will be available September 15<sup>th</sup>.
- Once our selection process is complete, **selected applicants** will be notified via e-mail. Kindly allow two weeks after the application selection period before telephoning our office requesting selection results.
- A scanned copy of the acceptance letter will be e-mailed to you with specific instructions and rotations assigned.
- A “Welcome Packet” with information on Orientation Day, housing, etc., will also be **e-mailed** to you.

### **ON OCASSIONS, WE ARE ABLE TO ACCEPT OBSERVERS AFTER THE ESTABLISHED DEADLINES.**

- We accept applications after the deadline, if they are complete, meet our standard, and there is space available in the rotations requested. Please note that applications received after the deadline will be considered at the end of the selection for that period (i.e. after March 15 or September 15).

### **Acceptance Into Our Program:**

- Acceptance into our Program depends on completion of all requirements and availability of space.
- All requirements must be submitted as originals and mailed to our office by the specified deadlines.
- If originals are not available, certified copies must be submitted. Certified copies are documents certified as originals by a notary, your medical school.
- **ONLY COMPLETE APPLICATIONS PARTICIPATE IN THE SELECTION.**

### **Important Information:**

- All observers are evaluated at the end of each rotation by members of our faculty, a fellow or a resident in training.
- Upon completion of the Observership period, observers will be provided with a participation certificate, an evaluation letter addressed to the student’s medical school dean and copies of all the evaluations.



**Visas:**

- Medical students travel on a B1/B2 (tourist visa) and may apply for periods of one to six months maximum.
- Our office provides a letter indicating that Observers travel on a B1/B2 Visa.

**Fees and Methods of Payment:**

- APPLICATION FEE is \$75. This is not refundable and must be sent with the application.
- ADMINISTRATIVE FEE is \$500 per month per month. Please note that effective December 1, 2016 our Administrative Fee will be \$750 per month. Payment must be sent to our Program by the date specified in our acceptance letter. Please see attached information for method of payment and credit card form.
- CANCELLATION POLICY All administrative fee payments are due two months prior to the beginning of your first rotation. Cancellations must be received 30 days prior to your start date to receive a refund. NO REFUNDS for cancellations received within 30 days of start date.

**Health Insurance: Health insurance coverage is mandatory.**

**Important Notice:** Following are the minimum requirements for Health Insurance Coverage:

- \$250,000 (two hundred and fifty thousand US dollars) accident and sickness medical benefits maximum
- Deductible \$250 to \$500. Insurance company will pay 80% of the first \$5,000 of eligible expenses, and then 100% of the remaining Eligible expenses.
- Emergency Medical Evacuation - \$25,000
- Return of Mortal Remains - \$10,000
- Emergency dental for accidents \$500

Participants in our program may purchase insurance coverage for the duration of their Observership through Patriot Travel Medical Insurance. [Buy Patriot Travel Medical Insurance](#)

Other International Health Insurance policies will be accepted if they fulfill the minimum requirements listed above. Please note the policy must be written in English and the amounts quoted in US dollars.

**Housing and Living Expenses:**

- Program participants are responsible for travel, housing, living expenses, health insurance costs, and other incidental expenses incurred during participation in our Program.
- Monthly expenses can range anywhere from \$900 - \$1,300. This all depends on your living expenses and chosen lifestyle.

Although our program is not able to provide you with travel expenses, housing, or financial aid, we will do everything possible to assist you in these or any other matters.

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