

BASE HOSPITAL SPECIAL CONSIDERATION REQUEST POLICY

MSUCOM students are offered the opportunity for special consideration of a base hospital location through demonstrated need based on specific criteria:

Consideration Criteria:

Type I

- A. Student, spouse or children with physical and/or mental illness/disability in need of health facilities or specialty services unique to a specific community and which cannot be duplicated effectively elsewhere.
- B. Student or spouse is the principal caregiver/support person for a family member with a physical and/or mental illness/disability.

Documentation: Students who request consideration under Type I criteria must provide a written statement explaining in detail, why the requested base hospital meets the criteria, including the nature of the situation and the impact it has on student placement at requested location. Additional documentation to support student's request for consideration should include:

- Letter from patient's physician, social worker, psychologist and/or psychiatrist verifying illness, treatment plan, and impact of relocation
- Copy of marriage license (spouse) or birth certificate (child)
- Copy of power of attorney (caregiver validation)

Type II

Students in the DO/PhD Program desiring a specific location to support unique research opportunity or compliment a residency and/or fellowship choice.

Documentation: Students who request consideration under Type II criteria must provide a written statement explaining in detail, reasons why a specific base hospital will enhance the student's research trajectory. Additional documentation to support student's request for consideration should include:

- Letter from the MSUCOM Associate Dean for Research supporting the student's base hospital request and documenting student's research interest and career focus

Type III

Students with rare and unusual circumstances not outlined in Type I or II criteria.

Documentation: Students who request consideration under Type III criteria must provide a written statement explaining in detail, circumstances that warrant consideration. Additional documentation to support student's request for consideration may be requested.

[Request Application Form](#)

Submission Request Deadline: Friday, March 31, 2017

Committee Reviews: April 2017

The Base Hospital Special Consideration Committee will evaluate all application requests and make decisions to grant or deny requests for consideration. The MSUCOM Dean will review all Committee decisions.

Committee Decisions: May 2017

The Committee will notify students, in writing of decision to grant or deny request. Students receiving consideration will be removed from subsequent Base Hospital Selection.