

LOA /Abbreviated Academic Curriculum Checklist

Medical Insurance:

- You are covered by your medical insurance through the semester for which you are registered, after which a conversion will have to be initiated by calling CareFirst at 1-800-458-1981.
- You may be able to maintain your campus group policy during your LOA by notifying Tom Gordon 410-706-1527 and paying the premium through Student Accounts

Malpractice Insurance:

- You are covered by malpractice insurance through the semester for which you are registered.
- Students on LOA status are not covered by malpractice insurance.

Student Accounts & Financial Aid:

- It is the responsibility of the student to contact both Student Accounts (Linda Ferriera or Sharon Underwood 410-706-2930) and the Office of Financial Aid (Patricia Scott 410-706-7347) to clear up any balances, and to find out how this LOA will affect your financial aid award(s).
- Students on approved leave for research positions may qualify to register for Special Research Elective with tuition remission. These students will be responsible for payment of student fees and health insurance fees (if applicable).

Schedule:

- For years 1 and 2, notify all course directors of your dates of departure and return. Don't forget ICM or any other electives such as CAPP, Family Care Track, Medical Spanish.
- For years 3 and 4, complete add/drop forms with signatures from course directors for any remaining rotations on your schedule. Additionally, please contact this office (OSA) eight (8) weeks before your return to work on a new clinical schedule.

List Serve:

- Contact the Office of Medical Education at medscope@meded.umaryland.edu to be placed on the appropriate list serve.

Contact Information: Below please write the address and email address the school should use to contact you while on LOA.

Address: _____ Email: _____

I have read the above and understand that it is my responsibility to address these issues prior to my leaving. Further, I understand that I should reassess the implications of all of these issues should I change my return plans.

Student Signature

Date

Student Name (Please Print)