

APPLICATION FORM

LETTER OF ELIGIBILITY OR LONG-TERM CLERKSHIP CERTIFICATE

Please return to:

New York State Education Dept.
State Board for Medicine
89 Washington Avenue, 2nd Floor West
Albany, New York 12234
Email: ClinicalClerkship@nysed.gov
Tel # : 518-474-3817 ext. 560

TO AVOID DELAYS IN PROCESSING, PLEASE PRINT LEGIBLY

Please refer to the enclosed New York Sate Education Department regulations before completing this application form

I am applying for : Letter of Eligibility (12 weeks or less) Long-Term Clerkship (More than 12 weeks)

Name: _____

Address: _____

Telephone Number _____

Date of Birth: / /

(month) (day) (year) **EMAIL ADDRESS:** _____

I have enclosed the following: Check for \$30 (Letter of Eligibility)

Check for \$20 (Long-Term Clerkship)

Letter of good standing from medical school attended

Letter of acceptance from hospital where clinical rotation will be done (Short Term Only)

Certificate of Completion for NYS Infection Control Training
(<http://www.op.nysed.gov/training/icproviders.htm>)

Original USMLE Score Report (**Approved Schools Only**)

Note: Check or money order must be drawn on a U.S. bank in U.S. dollars and payable to the New York State Education Department. **Please do not send cash through the mail. All fees are non-refundable.**

I am confirmed for the following clinical clerkship at the hospital named below:

(Name of Rotation)

(Name of Hospital)

Dates of Rotation: / / / to / / for a total of weeks.
 mo. day year mo. day year

I am currently enrolled in the following medical school:

Country: _____

Signature

 / /
mo. day year