

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, 3rd Floor West
Albany, New York 12234
Email: ClinicalClerkship@mail.nysed.gov
Attn: Mary Pressley Smith Tel # : 518-474-3817 ext. 560

TO AVOID DELAYS IN PROCESSING, PLEASE PRINT LEGIBLY

Please refer to the enclosed New York State 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: _____ City and State _____

Tel Nos. _____

Cell: _____

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

original USMLE Score Report (**Long-Term clerkship only**)

Completed REQUIRED NYS Infection Control course

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. **Traveler's checks are not accepted for payment. Please do not send cash through the mail.**

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: _____

Statement: I have / have not (circle one) engaged in clinical clerkships in the State of New York Since May 1, 1981.
Specify below any New York State clerkships since May 1, 1981.

Signature

____/____/____
mo. day year