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
(https://www.op.nysed.gov/about/training-continuing-education/infection-control)

__ 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**