APPLICATION FORM FOR NEW YORK STATE

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 Mary Pressley Smith Tel #: 518-474-3817 ext. 560

TO AVOID DELAYS IN PROCESSING, PLEASE PRINT LEGIBLY

Please refer to the enclosed New Y	York Sate Education Department regulations before completing this application form
Marra	tter of Eligibility (12 weeks or less) Long-Term Clerkship (More than 12 weeks
Address:	
	Country:
Telephone	Country: Cell/ Mobile:
Date of Birth: /	Cell/ Mobile:
month) (EMAIL ADDRESS:	day) (year
I have enclosed the following	: X _ check for \$30 (Letter of Eligibility)
	check for \$20 (Long-Term Clerkship)
	X_ Letter of good standing from medical school attended
	X_ Letter of acceptance from hospital where clinical rotation will be done
	original USMLE Score Report (Long-Term clerkship only)
	X_ Completed REQUIRED NYS Infection Control course
	lrawn on a U.S. bank in U.S. dollars and payable to the New York State Education as are not accepted for payment. Please do not send cash through the mail.
I am confirmed for the following clinic	cal clerkship at the hospital named below:
(Name of Rotation) Dates of Rotation:///	to/ for a total of weeks.
I am currently enrolled in the following	ng medical school: Country:
	one) engaged in clinical clerkships in the Sate of new York Since May 1, 1981. ork State clerkships since May 1, 1981.
Stan atoms	/
Signature	mo. day year