## **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

**Signature** 

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

	I am anniving for : I etter of i	Eligibility (12 weeks or less) Long-Term Clerkship (More than 12 weeks	
		Englothity (12 weeks of less) Long-Term Clerkship (wore than 12 weeks	
	Address:		
	City and State	Country:	
	Tel Nos.	Cell:	
	Date of Birth: / /		
	month) (day)  EMAIL ADDRESS:	(year	
	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		
	I	Letter of acceptance from hospital where clinical rotation will be done	
	<u> </u>	original USMLE Score Report (Long-Term clerkship only)	
	Сотр	pleted REQUIRED NYS Infection Control course	
Note:		on a U.S. bank in U.S. dollars and payable to the New York State Education not accepted for payment. Please do not send cash through the mail.	
I am	confirmed for the following clinical cle	rkship at the hospital named below:	
Dates	(Name of Rotation) of Rotation:// to mo. day year m	(Name of Hospital) / for a total of weeks.  no. day year	
I am	currently enrolled in the following med	dical school: Country:	
State		engaged in clinical clerkships in the Sate of new York Since May 1, 1981. tate clerkships since May 1, 1981.	

mo. day year