Interfaith-Brookdale-Kingsbrook Campuses
Department of Academic Affairs
Undergraduate Medical Education. Physician Assistant Programs. Allied Health Programs
T: 347-415-6056 e: ume@obhny.org

Clinical Enrollment Requirements

STUDENT NAME	
SCHOOL	
EMAIL ADDRESS	
TELEPHONE NUMBER	

CLERKSHIP/ROTATION	START DATE	END DATE	TOTAL WEEKS

	CLINICAL DOCUMENTS		HEALTH DOCUMENTS	Expiration
	1. CLERKSHIP APPLICATION FORM ONLINE (www.medaccessclerkships.com)		1. Physical Exam (within 1 year of clerkship END date)	
	2. GOVERNMENT-ISSUED ID		2a. Negative PPD, Mantoux, or QuantiFERON-Gold test (within 1 year of clerkship END date)	
	3. TRANSCRIPT		2b. Negative chest X-ray (If has history of a positive PPD) [A repeat, or annual chest X-ray, is NOT required.]	
	4. LETTER OF GOOD STANDING (DEAN'S LETTER) c/o Affiliated school		3. Positive/Reactive IgG titer for Measles (Rubeola)	**N/A**
	5. NATIONAL BACKGROUND CHECK REPORT		4. Positive/Reactive IgG titer for Mumps	**N/A**
	6. MASK FIT RECORD		5. Positive/Reactive IgG titer for Rubella	**N/A**
	7. ID BADGE (c/o OBH-UME)		6. Positive/Reactive IgG titer for Varicella (VZV)	**N/A**
	8. EPIC LOG IN // SCRUB X // LOCKER (c/o OBH-UME)	ONE BOX	✓☐ 7a. Positive/Reactive Hepatitis B surface (IgG) antibodies ☐7b. Proof of HepB vaccine series in progress ☐7c. Negative HepB IgG titer with proof of HepB booster	**N/A**
	9. ACLS/BLS		8. Influenza vaccine for current season (Date administered:)	----------
	10. DRUG SCREENING			

COMMENTS: _____

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OBH SIGNATURE: _____ Date: _____

NOTE: MEDICAL STUDENTS ARE REQUIRED TO SUBMIT: ITEM # 1, 2, 3, 4, 5, 9, ALL HEALTH DOCUMENTS IN COLUMN B.
NOTE: PA, AND ALLIED HEALTH STUDENTS ARE REQUIRED TO SUBMIT: ITEM # 2, 5, 10, & ALL HEALTH DOCUMENTS IN COLUMN B.
NOTE: PHARMD STUDENTS, ARE REQUIRED TO SUBMIT: ITEM # 2, 4, 5, 10 & ALL HEALTH DOCUMENTS IN COLUMN B.