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THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY

State Board for Medicine
89 Washington Avenue
West Wing – 3rd Floor, Albany, NY 12234
Tel. 518-474-3817, Ext. 560 Fax 518-486-4846
E-mail: mpressle@mail.nysed.gov

Dear Applicant:

Section 60.2(d) of the Regulations of the Commissioner of Education specifies that students enrolled in programs of medical education not registered by the Department or found to be the equivalent of such programs may serve in clinical clerkships in teaching hospitals in New York State for a period not to exceed 12 weeks during two academic years if such students do not meet the requirements of the Commissioner's Regulations to engage in clerkships of more than 12 weeks.

In New York State, as provided by law, persons performing clinical clerkships are considered to be engaged in the practice of medicine. Section 6526(8) of the Education Law provides that "Any medical student who is performing a clinical clerkship or similar function in a hospital and who is matriculated in a medical school which meets standards satisfactory to the Department, provided such practice is limited to such clerkship or similar function in such hospital", may practice medicine within the State without a license.

In order to meet the requirements of Section 6526(8) of the Education Law and Section 60.2(d) of the Regulations of the Commissioner of Education, a student seeking to engage in clerkships for a period not to exceed 12 weeks must secure a letter of eligibility from the State Education Department. Students requesting a letter of eligibility must specify: (1) the teaching hospital in which the clerkship(s) has been arranged; (2) the specialty area of the proposed clerkship(s); (3) the inclusive dates of the proposed clerkship(s); and (4) request a letter from the hospital to be sent directly to this office confirming that the applicant has been accepted for the clerkship. Each student must also request the medical school in which he/she is enrolled to forward to the address above a statement of the student's matriculation status. The letter must indicate: (1) you are currently enrolled in good standing; (2) your date of graduation; (3) you have been authorized to perform clerkships in New York State; (4) the dates for which you are authorized to perform clerkships in New York State; (5) academic credit will be granted for the clerkship(s) and (6) teaching hospital in which the clerkship(s) will be performed. **Also, documentation must be provided indicating that the applicant has completed the mandated infection control course (<http://www.op.nysed.gov/training/icproviders.htm#l>)**

In addition, each applicant must provide the following information concerning clerkships which have been completed in New York State prior to the present application: (1) name of hospital or other facility in which clerkship(s) was performed; (2) the inclusive dates; (3) the specialty area of the clerkship(s); and (4) the name(s) of the supervising physician(s). (Note: If no previous clerkships have been performed in New York State, please indicate.)

A fee of \$30 USD is required for each letter of eligibility to engage in a clerkship in a specific teaching hospital, regardless of the number of clerkships to be performed. Since a separate letter is required for each hospital, the \$30USD fee must be submitted for each letter. Checks or money orders must be drawn on a US bank in US currency. The department does not accept cash or traveler's checks.

All application materials, i.e., your application form, letter from medical school and verification from teaching hospital, should be received in this office no earlier than four months prior to the anticipated date of the start of your clerkship.

Please note that a letter of eligibility issued by the State Education Department does not obligate any teaching hospital to accept medical students in clinical clerkships. Any medical school or teaching hospital may impose standards for admission to clinical clerkships, which exceeds the standards set forth in the Commissioner's Regulations.

Sincerely,

Suzanne Sullivan
Interim Executive Secretary

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 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: _____ 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 (must be included for students attending approved schools for all rotations)

Completed REQUIRED NYS Infection Control course

<http://www.op.nysed.gov/training/icproviders.htm#l>

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