

This is to acknowledge receipt of your recent letter requesting information concerning elective clerkship rotations at Sidney Kimmel Medical College at Thomas Jefferson University, formerly known as Jefferson Medical College. Please note that you must be currently enrolled in medical school in your final year of medical school. Students who have already received their Doctor of Medicine degree are not eligible to apply for electives.

An online edition of the catalog containing descriptions of courses offered at Sidney Kimmel Medical College is available at: <http://www.jefferson.edu/content/dam/university/skmc/student-resources/Catalog2015.pdf>. Attached are an Application for Clerkship Instructions and a Clinical Curriculum Planner for the 2017-2018 academic year, which lists the dates during which electives are offered. Please do not mail in an application form with dates that are different from the planner. On the planner, the four-week blocks are listed on the bottom of the form. All fourth year electives are four weeks in length. We do not offer two week electives.

The following regulations apply to all elective clerkships:

- Space is subject to availability and cannot be guaranteed
- Applications cannot be considered if the beginning of the request clerkship is more than 12 months from the date of the application.
- The minimum amount of time for an elective rotation is four weeks.
- Total elective time may not exceed eight weeks.
- Electives are offered in blocks of four weeks and are offered only during the regular course offering dates of the College. All application forms which are received with dates that are different from Sidney Kimmel Medical College will be returned.
- Students are required to be present for the full length of the elective.
- A Sidney Kimmel Medical College clinical evaluation form describing your performance will be completed by your preceptor at the end of each rotation and will be forwarded to your medical school.
- All clerkships are assigned to Thomas Jefferson University Hospital.
- No core junior clerkships (350 courses) are available.
- Students are required to be covered by malpractice liability insurance. The amount of coverage required is \$1,000,000 per medical incident and \$3,000,000 annual aggregate. Jefferson does not provide malpractice insurance.

- All clinical rotations done at Sidney Kimmel Medical College must be arranged through the Office of the Registrar. *Any coursework arranged without going through the Registrar's Office (for example, arranged directly with the attending physician or department) will not be eligible for credit.*

DEPARTMENTAL COURSE OFFERING DETAILS:

- SURGERY clerkships are not available to international students. All other applications will be considered beginning in block 13. Students interested in applying should contact the department before submitting an application.
- MEDICINE rotations are only offered in Block 18.
- PATHOLOGY department requires that visiting students take PATH 401 first as a visiting student.
- FAMILY MEDICINE offers FMED 401, 407, 409 and 410 from blocks 13-20. In addition, students are required to complete an additional application form which is attached, and a CV. Please only complete the supplemental application if interested in taking a Family Medicine elective
- NEUROLOGY clerkships are not available to international students. (Neurology 401) requires prior completion of a course in Neurology as indicated on the student's academic transcript.
- REHABILITATION MEDICINE requires (for international students only) a brief personal statement describing your interest in the field, and a CV.
- INTEGRATIVE MEDICINE does not accept visiting students at this time.
- OBGYN clerkships are not available to international students. All other applications are considered based upon availability.
- Orthopedic Surgery clerkships are not available to international students. All other applications are considered based upon availability.

All students seeking elective clerkships must meet the following academic requirements:

- Be in your final year of medical school study. The date of the elective may not extend beyond your graduation date.
- Have passed USMLE. Please submit a copy of the USMLE Score with your application.
- Must have health insurance that includes medical repatriation and evacuation insurance.
- Must have malpractice insurance for \$1,000,000 per medical incident and \$3,000,000 annual aggregate.
- Must be proficient in the English language, both written and verbal.

- Have a completed Immunization Record which is enclosed. The Immunization Form must be returned to University Health Services. You must have clearance from University Health Services before the start of the elective.

In order to consider your application complete, you must provide the following information:

- The completed application form
- A letter from the Dean's Office, or its equivalent, at your medical institution supporting your request and certifying that you meet the above academic requirements.
- An office transcript or certification of grades, in English, from your medical institution.
- Evidence of sufficient financial support for living expenses for the period of time of the elective. Sidney Kimmel Medical College is unable to provide subsidized housing or any other financial assistance. This requirement can be met by submitting a letter from the student's parents which states that the parents will be responsible for the student's expenses while the student is completing the elective in the United States.
- Evidence of malpractice insurance.
- Evidence of adequate personal health insurance (including proof of medical repatriation and evacuation insurance).
- Evidence of USMLE Scores.
- The non-refundable application fee of seventy-five (U.S) dollars made payable to Sidney Kimmel Medical College. Applications that do not include payment will be returned.

If you have any questions concerning visas or any other special requirements international students may have, please contact the Office of International Exchange Services directly at 215-503-4024 or visit the website www.jefferson.edu/oies.

If you are approved for an elective, a tuition charge of \$750 per four weeks is required. Students electing to be here for eight weeks will owe \$1500, which can be paid by check or money order. We do not accept credit cards. The tuition MUST be paid upon arrival and before we authorize any temporary identification card. Students will not be permitted to begin their elective without having paid the tuition charge.

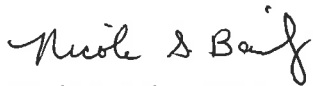
Your application will be forwarded to the appropriate clinical department for evaluation beginning May 2017. All decisions are made by the departments at Sidney Kimmel Medical College. If your request is approved, you will be expected to arrive at Sidney Kimmel Medical College on the Friday preceding the beginning of your rotation. This will permit all administrative details concerning our stay, including a meeting with the staff in the International Office, to be completed before you begin your clinical duties.

Please forward the completed application, all supporting documents requested above, and the non-refundable fee of \$75 (seventy-five US dollars), drawn on a United States bank and made payable to Sidney Kimmel Medical College, to the following:

**Nicole Bailey, Student Services Coordinator
Sidney Kimmel Medical College at Thomas Jefferson University
1015 Walnut Street – Room 115
Philadelphia, PA 19107**

Thank you for your interest in Sidney Kimmel Medical College. If you have further questions, please contact the Office of the Registrar at 215-503-8734.

Sincerely,



Nicole S. Bailey, MSW
Student Services Coordinator
Sidney Kimmel Medical College

Application for Clerkship Instruction (For Non SKMC Students)
Sidney Kimmel Medical College, Philadelphia, PA

I.

FROM: _____
Student Name Medical School Class

TO: _____
Department Chair/Preceptor Department

I hereby request to be enrolled in _____
Course# and Name

Starting _____ and ending _____
mm/dd/yy mm/dd/yy

My address is : _____

I understand that I can only take a maximum of 8 weeks of clerkships as a non SKMC Student.

I have not taken any previous clerkship at Sidney Kimmel Medical College.

I have taken _____ weeks of clerkships in _____
#of weeks Department

Email address: Signature Date

II. Medical School Certification (from Students' Parent School):

- The above named student is in good standing at this medical school.
- This student: WILL WILL NOT -pay tuition at this school during the period indicated.
- The malpractice/liability insurance at this school Does Does NOT -cover the student away from your school.
- Personal health coverage IS ISNOT -in effect away from this school.
- The student is authorized to take this clinical instruction YES NO
- At the conclusion of this program a report WILL WILL NOT be required.

Name of Dean's Representative Signature Of Dean Or Dean Representative Title if Dean's Representative

III. Sidney Kimmel Medical College Registrar Approval

Application: Approved Denied, Reason _____

Previous Enrollment – Number of weeks _____

Registrar/ Representative Signature Date

IV. Sidney Kimmel Medical College Department Approval

This application for clerkship instruction IS IS NOT approved for the period:
 _____ to _____
Starting date Ending date

You are expected to report to _____
Name of person

Located _____
Street Address, Building, Room#

At _____

Department Chairmen/ Representative Signature Date

January, 2016

Dear Visiting Medical Student,

Thank you for your interest in participating in an elective at Jefferson University Hospital. As a health care facility, we have procedures in place to protect your health and that of our patients. The attached form must be submitted, reviewed and approved prior to the scheduling of your rotation here at Jefferson. Please have your physician or student health services complete the form and attach all required documentation. Students visiting between September 1 and April 1 must provide updated documentation to University Health Services as proof that they have received the flu vaccine for the current flu season.

The form must be sent to:

**University Health Services
833 Chestnut Street, Suite 205
Philadelphia, PA 19107**

The records must be legible and written in English. Please note that incomplete or inaccurate documentation will delay your clearance. Please do not fax this form.

Once we have received this form and have documented that all the requirements have been met, we will issue a clearance through the Registrar's Office. The Registrar's Office will schedule your rotation after the clearance. If you have questions, please contact us at 215-955-6835 or email at our general email address: jeffuhs@jeffersonhospital.org

Ellen M. O'Connor, MD
Medical Director
University Health Services



VISITING MEDICAL STUDENT IMMUNIZATION DOCUMENTATION

NAME: _____ GENDER: MALE FEMALE
 DATE OF BIRTH: ___ / ___ / ___ TIME PERIOD OF YOUR VISIT: _____
 ADDRESS: _____ CELL PHONE: _____
 EMAIL: _____

THE FOLLOWING INFORMATION IS REQUIRED. INCOMPLETE FORMS WILL DELAY YOUR START DATE. *PHYSICIAN/CRNP/EMPLOYEE HEALTH RN MUST COMPLETE AND SIGN BELOW.*

- A. Chicken Pox/Varicella:** Proof of immunity will mean two doses of varicella or serologic evidence of immunity.
 Immunization dates: #1 _____ #2 _____
 Titer date: _____ Result (copy must be attached): Immune Not Immune
- B. Rubella:** Proof of immunity to German Measles will mean one dose of the rubella vaccine or serologic evidence of the disease.
 Immunization date: _____
 Titer date: _____ Result (copy must be attached): Immune Not Immune
- C. Rubeola:** Proof of immunity to measles means two doses of live vaccine (after 1968) administered on or after the first birthday, separated by at least one month, or serologic evidence of immunity.
 Immunization dates: #1 _____ #2 _____
 Titer date: _____ Result (copy must be attached): Immune Not Immune
- D. Mumps:** Proof of mumps immunity means two doses of mumps vaccine administered on or after the 1st birthday or serologic evidence of immunity.
 Immunization dates: #1 _____ #2 _____
 Titer date: _____ Result (copy must be attached): Immune Not Immune
- E. Tuberculosis Screen: IGRA (Interferon-Gamma Release Assays) blood test is required.**
 Date: ___ / ___ / ___ (must be within 3 months) **Result (copy must be attached):** Positive Negative Indeterminate
 If IGRA is positive, a chest x-ray is required. Date: ___ / ___ / ___ (must be within 6 months; **attach a copy of the report**)
- F. Influenza Vaccination from current or most recent season (PRIOR TO ARRIVAL):**
 Date of administration: _____ Lot # _____ Manufacturer: _____ Exp _____
- G. Pertussis:** Proof of immunity will mean documentation of the Tdap vaccine (tetanus, diphtheria, pertussis or ADACEL).
 Immunization date: _____ (must be post 2005)
- H. Hepatitis B:** Immunization dates: #1 ___ / ___ / ___ #2 ___ / ___ / ___ #3 ___ / ___ / ___ **AND** HBsAb titer date: ___ / ___ / ___
 Immune Not Immune (**must attach titer results**)

MD/CRNP: _____ (Print) Signature: _____ Date: _____
 Address: _____
 Phone: _____

Date _____

Department of Family and
Community Medicine

T 215.955.955-2362
F 215.923.6526

Dear Student,

Thank you for your interest in completing an elective in the Department of Family & Community Medicine at Jefferson Medical College.

Courses available to visiting students:

FMED 401: Outpatient Sub-Internship	FMED 407: Community Medicine
FMED 409: Homeless Care Continuum	FMED 410: Approaches to Obesity Control and Prevention

In order for us to consider your application, please provide us with the following additional information:

Name: _____

Email address: _____ Phone number: _____

Medical school: _____

Elective(s) you are requesting to complete: _____

Dates of the above elective(s): _____

Do you intend to apply to Family Medicine Residency Programs?

Yes No

If so, are you applying to the Jefferson Family Medicine Residency Program?

Yes No

Please briefly describe why you are interested in completing an elective at Jefferson.

Please also submit to us a copy of your USMLE scores and your CV along with this application to:

Nirva Belizaire-Nobrun, MPA
nirva.belizaire-nobrun@jefferson.edu

CHECKLIST FOR INTERNATIONAL ELECTIVE APPLICATIONS

- ___ MUST BE ENROLLED IN FINAL YEAR OF CLINICAL STUDIES
- ___ MUST HAVE PASSED USMLE (We do not offer waivers in place of this exam)
- ___ MUST HAVE A COMPLETED IMMUNIZATION RECORD
- ___ LETTER FROM YOUR DEAN'S OFFICE SUPPORTING YOUR REQUEST AND CERTIFYING YOU MEET THE ABOVE ACADEMIC REQUIREMENTS
- ___ AN OFFICIAL TRANSCRIPT (We do not accept unofficial transcripts or photocopies)
- ___ EVIDENCE OF SUFFICIENT FINANCIAL SUPPORT FOR LIVING EXPENSES
- ___ EVIDENCE OF MALPRACTICE INSURANCE (\$1,000,000 PER MEDICAL INCIDENT AND \$3,000,000 ANNUAL AGGREGATE)
- ___ EVIDENCE OF HEALTH INSURANCE THAT INCLUDES MEDICAL REPATRIATION AND EVACUATION INSURANCE
- ___ NON-REFUNDABLE APPLICATION FEE OF \$75.00

- ___ LIST TWO ALTERNATE COURSES
ALTERNATE COURSE ONE _____
ALTERNATE COURSE TWO _____