

Visiting Student Application for Clerkship Instructions 2019-20
[from domestic Medical Colleges]
Thomas Jefferson University
Sidney Kimmel Medical College, Philadelphia, PA

Section I: Student Information & Elective Information

Name: _____

Title	First Name	Middle Initial	Last Name
Street Address		City	State Zip Code
Telephone Number	E-mail Address		Date of Birth

Demographics (optional) for reporting purposes:

<p>Gender:</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonconforming <input type="checkbox"/> Non-binary <input type="checkbox"/> Other	<p>Race/Ethnicity:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> American Indian/Alaska Native</td> <td><input type="checkbox"/> Asian</td> </tr> <tr> <td><input type="checkbox"/> Black/African American</td> <td><input type="checkbox"/> Hispanic/Latino</td> </tr> <tr> <td><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Nonresident Alien</td> <td><input type="checkbox"/> Two or more races</td> </tr> </table>	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Nonresident Alien	<input type="checkbox"/> Two or more races
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian								
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino								
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White								
<input type="checkbox"/> Nonresident Alien	<input type="checkbox"/> Two or more races								
<p>Language Fluency (other than English):</p>									

Medical School Information:

Medical School Name:	Medical School Location (City/State)
USMLE Step 1 Score:	Expected Graduate Date:

Personal Statement (Why are you interested in this opportunity at Jefferson):

Visiting Clerkship Request:

Note: Completed applications must be received at least 6 weeks prior to the start of the block. Incomplete applications will not be reviewed.

Department Name:	Requested Course Number:
First Preference for Rotation: <input type="checkbox"/> MJ (07/08-08/02) <input type="checkbox"/> MP (11/25-12/20) <input type="checkbox"/> MK (08/05-08/30) <input type="checkbox"/> MQ (01/06-1/31/20) <input type="checkbox"/> ML (09/02-09/27) <input type="checkbox"/> MR (02/03-02/28) <input type="checkbox"/> MM (9/30-10/25) <input type="checkbox"/> MS (03/02-03/27) <input type="checkbox"/> MN (10/28-11/22) <input type="checkbox"/> MT (03/30-04/24) <input type="checkbox"/> MU (04/27-05/22)	Second Preference for Rotation: <input type="checkbox"/> MJ (07/08-08/02) <input type="checkbox"/> MP (11/25-12/20) <input type="checkbox"/> MK (08/05-08/30) <input type="checkbox"/> MQ (01/06-1/31/20) <input type="checkbox"/> ML (09/02-09/27) <input type="checkbox"/> MR (02/03-02/28) <input type="checkbox"/> MM (9/30-10/25) <input type="checkbox"/> MS (03/02-03/27) <input type="checkbox"/> MN (10/28-11/22) <input type="checkbox"/> MT (03/30-04/24) <input type="checkbox"/> MU (04/27-05/22)

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 Medial College.
- I have taken _____ weeks of clerkships in _____ Department
#of weeks

Student Signature Date

Please submit the following documentation with your application. Incomplete applications will not be reviewed until all parts are received.

Note some of this information can be submitted in a letter of good standing from your institution; however, actual documentation for the background check and child abuse clearance must be received.

<input type="checkbox"/> PA Criminal Background check <i>(must be within 1 year of clinical elective)</i> <input type="checkbox"/> PA Child Abuse Clearance <i>(must be within 1 year of clinical elective)</i> <input type="checkbox"/> Proof of Health Insurance <input type="checkbox"/> Evidence of Malpractice Insurance	<input type="checkbox"/> HIPAA Training <input type="checkbox"/> BLS/ACLS <input type="checkbox"/> USMLE Step 1 Test Results <input type="checkbox"/> Proof of Mask-fit <input type="checkbox"/> Transcript (from the last 30 days) <input type="checkbox"/> CV
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Section II: Home Medical School Certification

Student's Name: _____

To be completed by the Student's Home School or submit a letter of good standing which addresses the following questions:

- The above named student is in good standing at this medical school.
- The student is authorized to take this clinical instruction.

This student: **WILL** **WILL NOT** pay tuition at this school during the period indicated.

Personal health coverage **IS** **IS NOT** in effect away from this school.

At the conclusion of this program a report **WILL** **WILL NOT** be required.

Signature of Dean or Dean Representative

Title if Dean's Representative

Name

Street Address

City

State

Zip Code

Telephone Number

E-mail Address

Section IV: Medical School Department Approval (TO BE COMPLETED BY SKMC)

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

REGISTRAR'S OFFICE:

APPLICATION COMPLETE ON: _____

DECISION SENT TO STUDENT: _____

SENT TO DEPARTMENT ON: _____

CAMPUS KEY: _____

EPIC: _____