

Dear International Medical Student,

Thank you for your interest in the Sidney Kimmel Medical College of Thomas Jefferson University. Please note that SKMC accepts international applications for visiting clerkships only from international schools that have formal affiliation agreements with Thomas Jefferson University. These are currently:

- St. George's University of London
- Università del Sacro Cuore, Rome
- The University of Bologna
- KLE University India
- West China University
- The University of Minho, Portugal
- Ben-Gurion, Hebrew University of Jerusalem, Sackler Medical College, and Technion Medical College in Israel. Students at other Israeli schools may inquire through the Israel Center at Jefferson.

If you are a student in one of these schools, please visit our [International Medical Student Electives](#) page for rules, guidelines, and an application.

International Clerkship Guidelines & Eligibility Requirements

SKMC's international medical student clinical clerkship program accepts applications only from students who will be in their **final year** of medical school when they are taking their clerkship at SKMC. The clerkship may **not** extend past your graduation date. All students applying must use the Visiting Clerkship Application Form and Dean's Statement Form. Your application will not be considered complete until all of the required documentation is received. The following summary will help guide you to fully complete the application without missing anything during the application process.

You must also have passed USMLE Step 1 or the International Foundations of Medicine exam and be proficient in written and verbal English (you may be required to provide documentation of English-language skills, such as TOEFL scores).

Timing

Unless your school has an alternative arrangement with SKMC, clinical clerkships are available to international students during April, May and June only. Rotations must conform to the SKMC academic calendar; please see the SKMC Phase 3 course calendar on our website to determine the exact dates of your rotation.

All elective rotations are 4 weeks each. It is very rare for international students to be admitted to more than one elective rotation at SKMC. You must be present at Jefferson for the entire length of the elective. You must start and end your rotation on those dates.

Please submit your application no less than 6 months before your anticipated start date, and no more than 1 year prior to your anticipated start date. For example, if applying for an elective that begins in April 2020, you should submit your application between April and October of 2019. Applications submitted outside this window may not receive a response.

Housing

Students are responsible for finding their own housing for the duration of the clerkship; housing must be in Center City Philadelphia. Although SKMC does not provide housing for visiting students, dormitory-type housing sometimes can be arranged at the Martin Residence on campus.

Information about housing options is available on the following pages:

https://www.jefferson.edu/university/housing/options/short_term.html

https://www.jefferson.edu/university/international_affairs/links.html

Malpractice Insurance

Thomas Jefferson University's malpractice policies provide a limited number of policies for international visitors. You must complete the malpractice form in the application package to be eligible. If you do not complete this form prior to arrival, you will not have malpractice coverage and will not be permitted to start your clerkship.

In most years this policy is adequate to cover all visiting students. If Thomas Jefferson cannot provide insurance, you will be notified in advance, and will need to obtain commercial malpractice coverage.

Available Electives

International visiting clerkships are available for international students in the following departments, on a limited first-come, first-served basis:

- Internal Medicine
- Neurology
- Emergency Medicine
- Physical Medicine and Rehabilitation
- Obstetrics and Gynecology

All international clerkships take place in Pennsylvania at hospitals within Jefferson Health System. Not all departments will have availability in any given block.

From time to time, clerkships can be arranged by a formal request from student's parent school and the desired department at Jefferson. In these cases, visiting students must still complete the application form and consult with the Office of the Registrar.

To Apply

International students must submit a completed application package with all supporting documents: Along with the application package, please include:

- A brief personal statement.
- Your CV (curriculum vitae)
- A letter from your medical school's Dean's office (or its equivalent) supporting your clerkship request and stating that you meet all the academic requirements.
- A transcript, in English, from your medical school.
- USMLE Step 1 or IFOM score documentation (information on passing scores for USMLE is available on the USMLE site).
- Evidence of completion of OSHA training¹ to include blood-borne pathogens.
- Evidence of completion of HIPAA training².
- Evidence of personal health insurance, including medical repatriation and evacuation insurance.
- Evidence of financial support for living expenses (this may include a letter from a parent or guardian stating that they will be responsible). You must have a minimum of US\$3,000 available for housing expenses.
- An [International Visitor Pre-Approval Form](#).
- An [Immunization Form](#). (Please note: Jefferson does not provide immunizations to visiting students; you must be fully immunized before you arrive.)
- A completed [Malpractice Insurance Form](#).

Please note: U.S. citizens will need to complete additional background checks/clearances. If you are a U.S. citizen, please let the Registrar know on your application form. Under certain circumstances, students may be required to obtain additional documentation, insurance or clearances. Please apply early to ensure that you have time to fulfill any additional requirements that may apply to your circumstances.

Accepted students

If accepted for a clerkship rotation, you must confirm with the Registrar within 30 days that you plan to attend, by sending an email to visitingstudents@jefferson.edu. If your plans have changed, please also let us know via email. Jefferson does not offer deferments to accepted students.

Unless your school has made agreements with Thomas Jefferson University, tuition for a 4 week elective is \$750. This must be paid by check or money order (drawn on a U.S. bank) prior to starting your rotation in order to obtain a Jefferson ID card. Please note that fees may be waived for pre-arranged groups.

You must contact the Office of International Affairs, OIA@Jefferson.edu, and the Office of the Registrar, visitingstudents@Jefferson.edu, at least one month in advance to confirm arrival dates and times; you must also set up an appointment with both offices prior to the start of your rotation to check in and complete the registration process. We encourage you to arrive at SKMC by the Friday prior to starting your rotation in order to ensure tuition is paid and all administrative setup is complete. The Registrar's Office and the Office of International Affairs are open Monday–Friday, 8:30 a.m. to 5:00 p.m. only.

In sum, accepted students should mail the following items to the address below:

1. Complete Application Form with all Supporting Documents
2. \$750 non-refundable check or money order to SKMC Visiting Student Elective Program (full address below)
3. Contact the Office of International Affairs, OIA@Jefferson.edu, at least one month in advance of your arrival.
4. Contact the Office of the Registrar, Visitingstudents@Jefferson.edu, at least one month in advance of your arrival.
5. Proof of Immunizations
6. Proof of passed USMLE Step 1 or the International Foundations of Medicine exam

**SKMC Visiting Student Elective Program
Office of the Registrar
1015 Walnut Street, Suite 110
Philadelphia, PA 19107**

¹ Online blood-borne pathogens training offered by Digital Compliance:
(512) 402-5963

<https://www.bloodbornepathogenstraining.com>

Course fee: **\$24**

² Online HIPAA training offered by Digital Compliance
(512) 402-5963

www.hippatraining.com

Course fee: **\$29.99**

Application for Clerkship Instruction (Visiting Students)

I. Applicant Information

Name: _____ Expected Date of Graduation: _____ / ____ / ____
Student's Full Name Medical School mm/dd/yyyy

Arrange your elective choices, for each site or date, in order of preferred assignment. While we try to accommodate student's preferences, we cannot guarantee that an elective opening will be available for the dates requested.

Elective Placement	Dates (4-week block)	Alternate Dates (4-week block)

Address: _____
Street Address Apartment/Unit #

City Country ZIP Code

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 _____

Email Address Signature Date

II. Medical School Certification (from Student's 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** **IS NOT** – 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.

Signature: _____ Title: _____

III. Sidney Kimmel Medical College Registrar Approval

Application: Approved Denied, Reason
 Previous Enrollment

Registrar/Representative Signature Date

IV. Sidney Kimmel Medical College Department Approval

This application for clerkship instruction **IS** **IS NOT** approved for this period:

From: _____ To: _____ Located: _____
Street Address, Building, Room #

Signature: _____ Date: _____
Department Chairman/Representative

University Health Services
833 Chestnut Street, Suite 205
Philadelphia, PA 19107
T: 215-955-6835 F: 215-923-5778

Dear Visiting Medical Student:

Thank you for your interest in participating in an elective at Sidney Kimmel Medical School/Jefferson University Hospital. As a health care facility, we have requirements as follows that must be completed and approved prior to the scheduling of the rotation.

1. Complete immunization form. (See attachment)

Please review the requirements and submit with legible writing, copies of lab results if warranted. Incomplete or inaccurate information will delay our clearance and may jeopardize your ability to do the rotation.

2. 10 panel drug test within 30 days of submission of the immunization records

This test would be completed at your home institution. A copy of the result must be forwarded along with the immunization forms.

To submit the information, please do one of the following:

Mail to 833 Chestnut Street, Suite 205, Philadelphia, PA 19107; OR,

Email to jeffuhs@jefferson.edu

DO NOT FAX THIS DOCUMENTATION

Questions may be addressed by calling (215) 955-6835 or emailing jeffuhs@jefferson.edu

Once we have reviewed and approved the information, we will forward your clearance to the Registrar's Office to schedule.

Sincerely,

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

VISITING MEDICAL STUDENT IMMUNIZATION DOCUMENTATION

NAME: _____ GENDER: MALE FEMALE OTHER

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 within the past 10 years)

- H. Hepatitis B:** Immunization dates: #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ **AND** HBsAb titer date: ____/____/____
 Immune Not Immune (**must attach titer results**)



University Health Services
833 Chestnut Street, Suite 205
Philadelphia, PA 19107
T: 215-955-6835 F: 215-923-5778

I attest that I have examined this student and he/she is free of communicable diseases.

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

Address: _____ Phone: _____

Revised 6/22/15
Reviewed 3/26/18

Frequently Asked Questions
Regarding the Immunization Requirements

1. If had varicella as a child and can document this is this sufficient?
No. History of disease is not accepted. The requirement is EITHER a reactive titer OR documentation of two doses of Varivax. No exceptions.
2. Can I use estimated dates of vaccinations?
Approximate dates are not acceptable. If a physician has no reliable vaccine documentation for measles, mumps, or rubella, reactive antibody must be submitted to document immunity.
3. Can I document a TB skin test for my TB screen?
The requirement for all incoming Medical Staff members is an interferon gamma release assay (IGRA) and a copy of the lab result must be submitted. Those who have a history of latent tuberculosis with treatment must submit a copy of a chest x-ray done within 6 months of start.
4. If I had BCG, what TB screen should I submit?
The interferon gamma release assay is the appropriate test to submit.
5. I have had Td vaccine. Is that adequate?
The required vaccine is Tdap (tetanus, diphtheria, pertussis).
6. What should I do if I have not had the Tdap vaccine?
Tdap vaccination within the past 10 years is required and must be documented to complete the requirements.
7. I have no dates of vaccinations for my hepatitis B vaccine and would like to know what to do?
The hepatitis B surface antibody must be documented as proof of immunity. Past reactive antibodies may be submitted, regardless of date.
8. What if my hepatitis B surface antibody is non-reactive?
Additional vaccinations must be received. Contact UHS for more information.

**Mountain Laurel Risk Retention Group
International Medical Student Application for Insurance**

Medical Professional Liability Insurance for (Visiting) Medical Students

It is the responsibility of the visiting medical student to notify Mountain Laurel RRG at the following when they are completing their rotation at TJU:

Phone: 610-225-6220

Email: salterd@corpins.org

First Name: _____

Last Name: _____

Complete Permanent Home Address (including country and zip/pin code, if applicable):

Date of Birth (mm/dd/yyyy): _____

Email Address (required): _____

Medical School you are currently attending: _____

Expected Date of Graduation: _____

Complete Name and address of the Institution where the elective will take place:

Name: _____

Address: _____

Name and email address of the elective coordinator where you are applying for the elective:

Name: _____

Email Address: _____

Name of the department that will be supervising your clinical activities. Example: Internal Medicine, Surgery, Pediatrics ...)

Full description of all of the clinical activities you will be performing. (You may furnish this information from the course description, if desired.)

NOTE: Under ordinary circumstances medical students DO NOT assist in surgical or obstetrical procedures even when participating in elective rotations in these areas. If your preceptors have indicated otherwise, please ask them to provide you with information about those procedures

Will you be assisting in any surgical procedures? Yes No

If yes, list all procedures:

Will you be assisting in any obstetrical procedures? Yes No

If yes, list all procedures:

Rotation Start Date: _____

Rotation End Date: _____

Signature: _____ Date: _____