



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
- Universidad CES, Colombia
- 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.

### ***To Apply***

International students must submit a completed application package with all supporting documents. All documents must be in English.

Applications will not be reviewed until all documentation is received. Applications are due at least 6 months prior to the start date.

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.
- An official medical school transcript
- Passing USMLE Step 1 or IFOM exam score documentation (information on passing scores for USMLE is available on the USMLE site).
- Evidence of completion of OSHA training<sup>1</sup> to include blood-borne pathogens.
- Evidence of completion of HIPAA training<sup>2</sup>.
- Prior to starting rotation, at least 30 days, provide 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.
- A completed Malpractice Insurance Form (final page of application).

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).

### ***After Acceptance***

Students are required to submit the following to Human Resources:

- An [Immunization Form](#). (Please note: Jefferson does not provide immunizations to visiting students; you must be fully immunized including COVID-19 vaccination before you arrive.)
- Urine drug screening (10 panel test due prior to start, completed within 60 days of start)
- Criminal Background check

### ***Timing***

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. Students must start and end rotation on dates specific for that block on the calendar.

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.

**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 2022, you should submit your application between April and October of 2021. 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/housing/options/short_term.html)

[https://www.jefferson.edu/university/international\\_affairs/links.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:

- Anesthesia
- Dermatology
- Emergency Medicine
- Internal Medicine
- Neurosurgery
- OB/GYN
- Ophthalmology
- Radiation Oncology

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

Students not from partner institutions cannot engage in clinical work with direct patient contact. Observerships or Research opportunities may be available in departments through direct consultation with that department and clearance through Human Resources and the Office of International Affairs (OIA). Non-clinical rotations do not go through this application process nor the Registrar's Office.

**Accepted students**

If accepted for a clerkship rotation, you must confirm with the Registrar within 2 weeks that you accept the offer, by sending an email to [visitingstudent@jefferson.edu](mailto:visitingstudent@jefferson.edu). If your plans have changed, please also let us know via email as soon as possible, but no later than 30 days before your start. Jefferson does not offer deferments to accepted students.

Students from partner schools (see front page) do not pay tuition for visiting student electives; however are responsible for housing and other living expenses. Otherwise, the 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](mailto:OIA@Jefferson.edu), and the Office of the Registrar, [visitingstudent@Jefferson.edu](mailto:visitingstudent@Jefferson.edu), at least one month in advance to confirm arrival dates and times. You must also set up an appointment with OIA prior to the start of your rotation to check in and complete the International student requirements. We encourage you to arrive at SKMC by the Friday prior to starting your rotation in order to ensure tuition is paid (if applicable) and all administrative setup is complete. Human Resources will contact you 30-60 days prior to your start date for health screening and on-boarding requirement.

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

1. Complete Application Form with all Supporting Documents
2. Once Accepted contact the Office of International Affairs, [OIA@Jefferson.edu](mailto:OIA@Jefferson.edu), at least one month in advance of your arrival.
3. Contact the Office of the Registrar, [Visitingstudents@Jefferson.edu](mailto:Visitingstudents@Jefferson.edu), at least one month in advance of your arrival.
4. Comply with HR document request and health records.

Send all Correspondence to:  
**[visitingstudent@jefferson.edu](mailto:visitingstudent@jefferson.edu)**

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<sup>1</sup> Online blood-borne pathogens training offered by Digital Compliance:  
<https://www.bloodbornepathogentraining.com>

Course fee: \$24.99

<sup>2</sup> Online HIPAA training offered by Digital Compliance  
[www.hippatraining.com](http://www.hippatraining.com)

Course fee: \$29.99

## Application for Clerkship Instruction (International Visiting Students)

### I. Applicant Information

Name: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_  
Student's Full Name Medical School Name 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

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
mm/dd/yyyy

*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 and is valid in US.
  - 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 Approval

- Application:  Approved  Denied, Reason \_\_\_\_\_  
 Previous Enrollment

\_\_\_\_\_  
Registrar/Representative Signature Date

**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: Thomas Jefferson University Hospital \_\_\_\_\_

Address: 10th Street \_\_\_\_\_

Philadelphia, PA 19107 \_\_\_\_\_

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.)

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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:

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Will you be assisting in any obstetrical procedures? Yes  No

If yes, list all procedures:

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Rotation Start Date: \_\_\_\_\_

Rotation End Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_