



**SCHOOL OF
OSTEOPATHIC
MEDICINE**

University of Medicine & Dentistry of New Jersey

Office of the Registrar
1 Medical Center Drive, Suite 210
Stratford, New Jersey 08084

Phone: (856) 566-7055
Fax: (856) 566-6475

THIRD YEAR RADIOLOGY APPLICATION

Part I: Radiology Clerkship Information (Student completes)

Dates: From (Month/Day/Year) _____ To (Month/Day/Year) _____

Contact Person at site _____

Site: _____

Address: _____

Phone: _____

Fax: _____

Preceptor (if known): _____

Email: _____

Student Name: _____

Graduation Year: _____

Address: _____

Email: _____

Telephone: _____

Student Signature: _____

Date: _____

Part II: UMDNJ School of Osteopathic Medicine Radiology Clerkship Approval

Signature of UMDNJ-SOM Associate Dean for Academic Affairs

Date

Part III: UMDNJ School of Osteopathic Medicine Letter of Good Standing

This osteopathic medical student is in good academic standing. He/She will be in the 3rd year of a 4-year program prior to beginning the requested clerkship. He/She will pay tuition to UMDNJ-SOM during the period indicated and will be covered by UMDNJ's Program of Self-Insurance (limits of liability not less than \$1 million/\$3 million) and personal health insurance maintained by the student. He/she is certified as having completed HIPAA education and blood borne pathogen training. He/She is approved to take this clerkship for credit. At the end of the clerkship an evaluation report will be required from the site on UMDNJ-SOM's clinical evaluation form.

Associate Registrar _____ Date _____

Part IV: DME, Preceptor or Faculty Supervisor at Site – Complete this section and fax form to 856-566-6475.

The request made above is _____Approved _____ Denied

Approved by _____ Title _____

Report to (Person): _____ Report Date/Time _____

Report Address _____ Telephone _____

INSTRUCTIONS FOR COMPLETING THE THIRD YEAR RADIOLOGY CLERKSHIP APPLICATION

General Information

This form is **required** to apply to complete the third-year Radiology clerkship at a site that is not an affiliate of UMDNJ-SOM (including at hospitals affiliated with UMDNJ's other medical schools).

Radiology clerkships must be 2 weeks in length.

Students must submit their application a minimum of **30 days prior** to the clerkship start date. Schedule changes (e.g. change of dates or type of clerkship) must be approved in advance by the Clinical Education Coordinator.

The student is responsible for bringing a UMDNJ-SOM clinical evaluation form to the clerkship site.

Completing the Application

Failure to complete the application as indicated will result in return of the application to the student, and the form will have to be resubmitted with the correct information.

Part I

The student must complete Part I of the application. The dates of the clerkship must agree with your approved schedule. Full contact information must be given for both the site and the student.

Part II

The student must submit the application form to the Clinical Education Coordinator. The student is responsible for checking with the DME, preceptor, or faculty supervisor at the non-affiliated site to see if they are willing to accept the student for the clerkship. Many sites also have their own form(s) which must be completed **in addition to** the UMDNJ-SOM form. If applicable, complete both this UMDNJ-SOM application and the site's forms and submit all materials together.

The Clinical Education Coordinator will obtain the signature of the Associate Dean for Academic Affairs. Then the application will be forwarded to the Associate Registrar.

Part III

Once Part I and Part II are been complete, the Associate Registrar will complete Part II and any site's forms that require proof of good standing, proof of professional liability insurance, etc. The completed application will be sent to the site.

Part IV

The site will complete Part IV. Once the form is returned to the Office of the Registrar, a copy will be put in the student's mailbox to notify the student of the result. If the student receives confirmation directly from the site, a copy should be forwarded to the Office of the Registrar.

Revised 7/9/09