



**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

**FOURTH YEAR CLERKSHIP APPLICATION**

**Part I: Clerkship Information (Student completes)**

Clerkship is either \_\_\_\_\_ Elective or \_\_\_\_\_ Required (State specialty) \_\_\_\_\_

Clerkship Specialty Requested: \_\_\_\_\_ Alternate Choice: \_\_\_\_\_

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 Clerkship Approval**

Signature of UMDNJ-SOM Associate Dean for Academic Affairs (**required for out of system sites**) \_\_\_\_\_ Date \_\_\_\_\_  
Or Clinical Education Coordinator, Academic Affairs (**required for UMDNJ-SOM affiliate hospitals**)

**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 4<sup>th</sup> 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 FOURTH YEAR CLERKSHIP APPLICATION

## General Information

This form is **required** for the following types of fourth year clerkships:

Elective (In-System or Out-of-System)

Fourth Year Medical Specialty (not available at UMDNJ-SOM affiliate)

Fourth Year Surgical Specialty (not available at UMDNJ-SOM affiliate)

Other (by permission of Clinical Education Coordinator **only**)

All Medical or Surgical Specialty clerkships must be 4 weeks in length. Electives are 4 weeks in length. The only electives permitted to be 2 weeks are Anesthesiology, Dermatology, ambulatory Family Medicine, Ophthalmology, Osteopathic Manipulative Medicine and Radiology. Electives are not permitted to be 1 week or 3 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**

If requesting a clerkship at one of UMDNJ-SOM's affiliate hospitals, the student must submit the form with Part I completed to the Clinical Education Coordinator, who will check availability, sign the form (if available), and submit the form to the Associate Registrar for confirmation. The student will receive a copy of the signed form. If the clerkship is unavailable, the student will be contacted to try to determine an alternate choice. Students are not permitted to set up clerkships on their own at UMDNJ-SOM affiliates. The approval of the Clinical Education Coordinator is required for UMDNJ-SOM affiliates.

If requesting a clerkship at a site that is not a UMDNJ-SOM affiliate (including at hospitals affiliated with UMDNJ's other medical schools) 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 out-of-system 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 out-of-system forms that require proof of good standing, proof of professional liability insurance, etc. The completed application will be sent to the out-of-system site.

### **Part IV**

The out of system 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.