



CLINICAL CLERKSHIP APPLICATION UAG SCHOOL OF MEDICINE

PART I - STUDENT INFORMATION

Student Name (Print): _____
(Last) (First) (Middle)

UAG ID: _____ Current Semester/Last Year as Active Student: _____

DOB (MM/DD/YYYY) _____ Place of Birth _____

SSN: _____ E-mail Address: _____

Nationality: _____ Sex: Male Female

Contact Information

Address: _____
Number & Street (Apt) City, State Zip Code

Mailing Address (If Different From Above)

Number & Street (Apt) City, State Zip Code

Home Phone: (____) _____ Mobile Phone: (____) _____

Emergency Contact Information

Name (Print): _____ Relationship: _____

Address: _____
Number & Street (Apt) City, State Zip Code

Home Phone: (____) _____ Mobile Phone: (____) _____

Have you ever been convicted of a felony in the U.S. or any foreign country?

Yes__ No__

If yes, explain: _____

Have you ever been subject to any disciplinary actions in your current program?

Yes__ No__

If yes, explain: _____

Are you applying for Federal Loans?

Yes__

No__

USMLE STEP 1

Yes__

No__

Score _____

I hereby certify that the information submitted in this application is complete and correct to the best of my knowledge and belief.

Student Signature

Date

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Student Qualified? Yes__ No__

GPA: _____

Received and Reviewed by:

STEP 1 _____

UAG Representative

Date

PART II - CLINICAL ROTATIONS

Student Name (Print) _____
(Last) (First) (Middle)

3rd Year Core Rotations.

5th semester rotations are, Internal Medicine (12 Weeks), Family Medicine (4 weeks), Psychiatry (4 weeks)

6th Semester rotations are, Ob/Gyn (6 Weeks), Pediatrics (6 Weeks), Surgery (8 Weeks)

3rd year student must select a hospital from Appendix "A"

If the selected hospital does not have all the rotations required for the semester, then proceed in selecting a second hospital to complete rotations required for the semester.

4th Year Electives.

Students should schedule and complete a total of 40 weeks of Rotations (20 per semester) and a total of 40 credits worth of rotations to pass the 4th year.

Rotations may be scheduled a minimum of 4 weeks, and no more than 12 weeks per specialty, the Emergency Medicine Rotation is mandatory for all 4th year students with no credit value.

4th year student must elect a hospital from Appendix "B"

If the selected hospital does not have all desired rotations amounting to 20 week, then proceed in selecting a second hospital to complete the rotations required for the semester

5th Year: Pre-Internship & Internship.

Students should complete a total of 40 weeks of rotations consisting of Internal Medicine (12 Weeks), Family Medicine (4 Weeks), Psychiatry (4 Weeks), Ob/Gyn (6 Weeks), Pediatrics (6 Weeks) & Surgery (8 Weeks).

Students who are required to complete a Pre-Internship & Internado should chose from available hospitals in Appendix "C"

If selecting to do rotations at a hospital which does not contain all necessary rotations, select a secondary hospital the for completion of remaining Pre-Internship & Internado program.

Write the semester you are applying for and preferred hospital/hospitals in accordance with the corresponding appendix.

Be aware that selection of a hospital does no guarantee placement.

Semester

Preferred Hospital/Hospitals

1. _____
2. _____

If choosing electives, write down the preferred electives available at selected hospital.

Electives are a minimum of 4 weeks and no longer than 12 weeks. Each rotation can be taken only once to receive its credit value.

Be aware that you must complete a total of 20 weeks of electives per semester, and a total of 40 credits to complete 4th year.

_____	_____
_____	_____
_____	_____

Credit Values are as follows:

Endocrinology	10 Credits	Neurology	10 Credits	Urology	5 Credits
Orthopedic	10 Credits	ENT	5 Credits	Dermatology	5 Credits
Infectious Diseases	10 Credits	Ophthalmology	5 Credits	Nutrition	5 Credits

***These rotations cannot be repeated for credits**

Student Signature

Date

PART III - REQUIRED DOCUMENTS

(MUST BE CURRENT WITHIN 1 YEAR)

- Formal passport size color photo
- Clear copy of valid status in the USA
 - USA Passport/Citizenship
 - Permanent Resident Card
 - Visa
- Copy of USMLE Step 1 or Revalida 1 score (if applicable)
- Malpractice insurance:
 - UAG will offer insurance for all hospitals (upon being admitted, Student pays UAG, & the school will send you the information)
- BLS with CPR certification
 - Please contact Dra. Gabriela Munguia Minakata at: gabriela.munguia@edu.uag.mx for more information.
- ACLS (mandatory to start rotations, not mandatory for application process)
- New York State Department Infectious Disease and Barrier Control certification
- HIPPA certification (Healthcare Providers)
- Student Back Ground Check (You will receive information once you are accepted to your program)
- Proof of Drug Screening Test (Minimum of 3 panel screening of THC, COC & OPI)
- Proof of Health Insurance (Your UAG insurance will NOT cover you in the US)
- Minimum of 2 signed letters of recommendation from UAG (applicable **ONLY** for students applying to Internado in Puerto Rico)
- Short white coat with UAG logo
- Immunization / serology records

*To obtain the ACLS, BLS & HIPAA certificates you can use procp.org

*To obtain the NYSD certification you can use mymedcerts.com

Additional documents for students applying to:

- **Ponce Health Sciences University**
 - Certificados OSHA cursos #656 & #772 <http://www.oshatraining.org/>
 - HIPPA Quiz
 - Certificado Negativo Antecedentes Penales PR <https://servicios.pr.gov/info>
 - Certificado de Salud PR
 - Immunization Record in AAMC format
 - Drug screening 5 panel (only from PHSU Lab)
 - Visiting Students Application Form
 - Register to PHSU Portal (Upon receiving acceptance letter)
 - Good standing letter in PHSU format (Completed by UAG Official)
- **Mayagüez Medical Center (5th – 8th sem)**
 - Copy of UAG student ID
 - Certificado Negativo de Antecedentes Penales PR <https://servicios.pr.gov/info>
 - Certificado de Salud PR
 - Curriculum Vitae
 - Ensayo de una página en letra Times New Roman letra #12 a doble espacio.
 - Tema: “Cuál es mi expectativa al rotar por el hospital Mayagüez Medical Center”

**Please send in all required documents in PDF format to:
clerkships@uag.edu**

Include “Core Rotations, Electives or Pre-Internship & Internado” in the subject line of your e-mail as well as your UAG ID# in both, subject line and PDF file name

Please make sure to use your UAG email account for all communications with the Clerkships department.

PART IV - Immunization/Serology Records
(MUST BE CURRENT WITHIN 1 YEAR)

Name (Print): _____
(Last) (First) (Middle)

SSN: _____

Address: _____
Number & Street (Apt) City, State Zip Code

Home Phone: (____) _____ Mobile Phone: (____) _____

To be completed and signed by a healthcare provider. All dates should include month and year.

A. EVIDENCE OF TB SCREENING COMPLETED 6 MONTHS PRIOR TO START DATE:

Date Received: _____ Date Read: _____

Result (Indicate mm of Induration): _____ mm

Physician/Registered Nurse Signature: _____

License #: _____ State/Country: _____

NOTE: If your PPD is currently positive (>10 mm) or you have a previous history, you must submit a recent chest X-ray with a signed physician report within 11 months of start date. Student with a history of BCG vaccination or anti-tuberculosis therapy are not excluded from this requirement.

B. MANDATORY REQUIREMENTS:

1. Tetanus/Diphtheria (Tdap) booster within the last 10 years:

Booster date: _____

2. Measles, Mumps, Rubella, Varicella:

All students must submit copies of laboratory results of serum IgG antibody titers to measles, mumps, rubella (MMR), and varicella. Immunization records are NOT accepted as proof of immunity. Any laboratory results that indicate non-immunity require proof of additional vaccine administration.

Measles titer date/results: _____

Mumps titer date/results: _____

Rubella titer date/results: _____

Varicella titer date/results: _____

3. Hepatitis B Series:

Documentation of three doses of hepatitis B vaccine, and a positive hepatitis B surface antibody titer is necessary. Copy of laboratory results must be submitted.

Series #1 Date: _____ #2 Date: _____ #3 Date: _____

Hepatitis B Surface Antibody titer date/results: _____

Negative Hepatitis B Surface Antibody titer requires additional titers

- Hepatitis B Core Antibody titer date/results: _____
- Hepatitis B Surface Antibody titer date/results: _____
- Hepatitis B e antigen titer date/result: _____

(Note: non-converters should repeat the series in an attempt to show immunity)

Known Hepatitis B carriers must show copies of the following laboratory results:

- Hepatitis B Surface Antibody
- Hepatitis B Surface Antigen
- Hepatitis B Core Antibody
- Hepatitis B e Antigen

4. Influenza vaccine (within 1 year)

Date received: _____

I have been asked to evaluate _____ and certify that the student is free from any health impairment which is of potential risk to patients or may interfere with the performance of his/her duties. This includes habituation or addiction to depressants, stimulants, narcotics, alcohol, or other drugs or substances that may alter the individual's behavior.

Physician Signature

Date

Physician Name (Print)

Country/State License

Address: _____

City: _____ State/Country: _____ Zip Code: _____

Appendix “A”

List of Hospitals for Core Clerkship Year 3; 5th and 6th Semester

United States Affiliated Hospitals

Yuma Regional Medical Center, Yuma, AZ

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

Mt. Vista Medical Center, Mesa, AZ

Core: Internal Medicine, Psychiatry, Surgery

Maricopa Medical Center, Phoenix, AZ

Core: Internal Medicine, Psychiatry, Surgery

Abrazo Community Health Network, Phoenix, AZ

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

Jackson Park Hospital Medical Center, Chicago, IL

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

University Medical Center, Las Vegas, NV

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

St. Mary’s Regional Medical Center, Reno, NV

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

Wyckoff Heights, Brooklyn, NY (limited to 12 weeks per student)

Core: Internal Medicine, Ob/Gyn, Surgery

Baptist Health System, San Antonio, TX

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

Tucson Medical Center, Tucson, AZ

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

McAllen Medical Center, McAllen, TX

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

Appendix “A”
List of Hospitals for Core Clerkship
Year 3; 5th and 6th Semester

Puerto Rico Affiliated Hospitals

Manati Medical Center

Core: Internal Medicine, Family Medicine, Surgery, Ob/Gyn, Pediatrics

Ponce Health Sciences University (STEP 1 required)

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

Mayagüez Medical Center

Core: Internal Medicine, Family Medicine, Surgery, Ob/Gyn, Pediatrics

Appendix “B”
List of Hospitals for Elective Clerkships
Year 4; 7th and 8th Semester

United States Affiliated Hospitals

Yuma Regional Medical Center, Yuma, AZ

Mt. Vista Medical Center, Mesa, AZ

Maricopa Medical Center, Phoenix, AZ

Abrazo Community Health Network, Phoenix, AZ

Jackson Park Hospital Medical Center, Chicago, IL

University Medical Center, Las Vegas, NV

St. Mary’s Regional Medical Center, Reno, NV

Wyckoff Heights, Brooklyn, NY (limited to 12 weeks per student)

Doctor’s Hospital at Renaissance, Edinburg, TX

Baptist Health System, San Antonio, TX

Tucson Medical Center, Tucson, AZ

McAllen Medical Center, McAllen, TX

Appendix “B”
List of Hospitals for Elective Clerkships
Year 4; 7th and 8th Semester

Puerto Rico Affiliated Hospitals

Manati Medical Center (STEP 1 or Revalida 1 required)

Ponce Health Sciences University (STEP 1 required)

Mayagüez Medical Center (STEP 1 or Revalida 1 required)

Hospital Metropolitano San German (STEP 1 or Revalida 1 required)

Hospital Buen Samaritano, Aguadilla (STEP 1 or Revalida 1 required)

Hospital San Cristobal, Ponce (STEP 1 or Revalida 1 required)

Hospital Menonita, Guayama

Hospital Pavía, Arecibo

Hospital Pavía de Yauco (STEP 1 or Revalida 1 required)
Orthopedic, ER and Ophthalmology only

Appendix “C”

List of Hospitals for Pre-Internship & Internado Year 5

United States Affiliated Hospitals

Yuma Regional Medical Center, Yuma, AZ

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

Mt. Vista Medical Center, Mesa, AZ

Core: Internal Medicine, Psychiatry, Surgery

Maricopa Medical Center, Phoenix, AZ

Core: Internal Medicine, Psychiatry, Surgery

Abrazo Community Health Network, Phoenix, AZ

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

Jackson Park Hospital Medical Center, Chicago, IL

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

University Medical Center, Las Vegas, NV

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

St. Mary’s Regional Medical Center, Reno, NV

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

Wyckoff Heights, Brooklyn, NY (limited to 12 weeks per student)

Core: Internal Medicine, Ob/Gyn, Surgery

Doctor’s Hospital at Renaissance, Edinburgh, TX

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

Baptist Health System, San Antonio, TX

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

Tucson Medical Center, Tucson, AZ

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

McAllen Medical Center, McAllen, TX

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

Appendix “C”

List of Hospitals for Pre-Internship & Internado Year 5

Puerto Rico Affiliated Hospitals

Manati Medical Center (STEP 1 or Revalida 1 required)

Hospital Metropolitano San German (STEP 1 or Revalida 1 required)

Hospital Metropolitano Pavia Arecibo (STEP 1 or Revalida 1 required)

Hospital de la Concepcion (STEP 1 or Revalida 1 required)

Hospital HIMA Fajardo (STEP 1 or Revalida 1 required)

Hospital San Cristobal (STEP 1 or Revalida 1 required)

Hospital Comunitario Buen Samaritano (STEP 1 or Revalida 1 required)

Hospital HIMA de Caguas (STEP 1 or Revalida 1 required)

Pre-Internship (STEP 1 Not required)

Hospital Menonita Guayama

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics

Hospital HIMA de Fajardo

Core: Internal Medicine, Family Medicine, Psychiatry, Surgery, Ob/Gyn, Pediatrics