



New York State – Department of Health 405.4 International Medical Graduate (IMG) Clerkship Information Form

Pursuant to New York State Department of Health 405.4, any International Medical Graduate (IMG) enrolled in a medical school after 10/1/83 must have completed his clerkship, including "no more than 12 weeks of clinical clerkship in a country other than in which the medical school is located". Exceptions may be made only if approved by the NYS Education Department.

Kindly answer the following questions:

1. Did you complete more than 12 weeks of clinical clerkship, which counted towards your final grade, in a country other than the country in which the medical school is located? Yes ___ No ___

If yes, was this time prior to 10/1/83? Yes ___ No ___

If yes, was this clinical clerkship offered by a medical school approved by the NYS Education Department? Yes ___ No ___

If yes, please check your medical school from the following medical schools approved by the NYS Education Department for the purpose of clinical clerkship.

- ___ American University of Antigua, Antigua
- ___ American University of the Caribbean, St. Martin, Netherland Antilles
- ___ The Autonomous University of Guadalajara, Guadalajara Mexico
- ___ English Language Program, Univ of Debrecen, Medical & Health Science Ctr, Med School, Debrecen, Hungary
- ___ English Language Program, Medical University of Lublin, Lublin, Poland
- ___ English Language Program, Medical University of Silesia, Katowice, Poland
- ___ Fatima College of Medicine, Manila, Philippines
- ___ International Health & Medicine Program, Ben Gurion Univ of the Negrev, Beersheva, Israel
- ___ Kasturba Medical College, Manipal, India
- ___ Medical University of the Americas/Nevis, Nevis West Indies
- ___ Ross University School of Medicine, Roseau, Dominica
- ___ Saba University School of Medicine, Saba, Netherland Antilles
- ___ St. George's University School of Medicine, St. George's Grenada
- ___ St. Matthew's University School of Medicine, Grand Cayman, Cayman Islands

2. Completed clinical clerkship in a country where medical school is located? Yes ___ No ___

3. Please submit documentation of clinical clerkship completed.
(If documented on a separate sheet....i.e. transcript....then attach a copy)

<u>Type of Clerkship</u>	<u>Location</u>	<u># of weeks</u>

Print Name: _____

Department: _____

Signature: _____

Date: _____