



CLINICAL CLERKSHIP CHANGE FORM

STUDENT INFORMATION

Student Name (First, Middle Initial, Last):		Class Of:
Life Number:	Email:	Telephone Number: <input type="checkbox"/> HOME <input type="checkbox"/> CELL

POLICY, DEADLINES, AND COMPLIANCE REQUIREMENTS:

Please check the boxes to acknowledge the policy and deadlines:

Changes are allowed, on a first-come first-serve basis, up to **4 weeks** before the start of a clerkship if there is room in the clerkship. Availability is determined by the clerkship director. If not, only 1-to-1 switches can take place up to **4 weeks** before the first day of a clerkship. **You should allow for the completed form (signed by the Clerkship Director for approval) to be turned in for processing by the Registrar's Office 4 weeks prior to the start of the clerkship.** The Clerkship Coordinators will email the completed form to clerkshipchangeform@mssm.edu once the change is approved by the Clerkship Director.

Failure to abide by this deadline can result in the change request not being processed and **delay in EMR access.**

TRAINING SITE COMPLIANCE REQUIREMENTS:

If you are switching to a clerkship that is scheduled at **MS Beth Israel, MS Brooklyn, MS St. Luke's, MS West, Bronx Lebanon, the Bronx VA, or Elmhurst** you are responsible for ensuring you have met the compliance requirements of that site.

Without clearance, you risk being sent back to Sinai on your 1st day at a site.

Please refer to: **Blackboard>Student Resources> Medical Student Compliance >Training Sites** to review the site-specific requirements and instructions. Review the compliance requirements for the appropriate site email the documentation to compliance@mssm.edu to receive confirmation that you are cleared to rotate at the site. If you have any questions contact the Student Compliance Coordinator compliance@mssm.edu.

CHANGE OF	CLERKSHIP INFORMATION	APPROVAL SIGNATURE (REQUIRED)
<input type="checkbox"/> Dates <input type="checkbox"/> Location <input type="checkbox"/> Add <input type="checkbox"/> Drop	Clerkship Name:	<hr/> Clerkship Director Name (Print)
	Originally Scheduled Dates: Pod/Block:	
	Original Site Assignment:	<hr/> Clerkship Director (Signature)
	New Scheduled Dates: Pod/Block:	
	New Site Assignment:	Date Signed:

Notes/Comments:

FINAL SIGNATURES

Student Signature:	Date:
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REGISTRAR USE ONLY

Processed By:	<input type="checkbox"/> SIS <input type="checkbox"/> Reg
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