Dear Student:

The New York State Education Department has issued an alert to all New York medical schools, mandating that every medical student taking an elective in **New York State Hospitals be certified in Infection Control.**

To meet this requirement, you must have a certificate indicating you have passed the Infection Control test. The procedure we recommend is:

- 1. Click-on or cut and paste this url into your internet browser: http://mymedcerts.com/mssmjp
- After you finish the test you will have to enter your payment information and on the same form you use to enter your payment information provides a visible box for you to enter a discount code which is "MSSMJPX234". By entering this code your payment will automatically adjust from \$19.99 to \$14.99.
- **3.** At the end of the test you will be able to print the certificate of Completion. Remember to send a copy when applying to the New York State Department of Education when applying for the Letter of Eligibility.
- 4.. **Bring the "Certificate of Completion" to me at the time of orientation.** You will not be able to start your rotation without evidence that you have passed the test.
- 6. Please note, there are two separate fees. One is for the Infectious Control Test and the other is the application fee for the Letter of Eligibility from the New York State Education Department.

<u>INFECTIOUS CONTROL TEST:</u> This fee can only be paid by a major Credit Card.

LETTER OF ELIGIBILITY APPLICATION FEE:

This fee can only be paid by International Money Order, International Bank Draft, or International Postal Order drawn through a bank in the United States of America and made payable in US dollars. New York State Department of Education also accepts Personal Bank Check drawn through any bank in the United States. (Travelers Checks are not acceptable).

I am looking forward to meeting you when you arrive for orientation on the first day of your elective at 1468 Madison Avenue, Annenberg Building - 13th Floor Room 13-30.

Sincerely, Jeanneth Persaud

APPLICATION FORM

LETTER OF ELIGIBILITY OR LONG-TERM CLERKSHIP CERTIFICATE

Please return to: New York State Education Dept. State Board for Medicine 89 Washington Avenue, 3rd Floor West Albany, New York 12234 Email: ClinicalClerkship@mail.nysed.gov Attn: Mary Pressley Smith Tel #: 518-474-3817 ext. 560

TO AVOID DELAYS IN PROCESSING, PLEASE PRINT LEGIBLY

Please refer to the enclosed New York Sate Education Department regulations before completing this application form

	weeks or	less) Long-Term Clerkship (More than 12 weeks
Name:		
City and State		Country:
Tel Nos		
Date of Birth: / /		
month) (day) (year		
EMAIL ADDRESS:		

I have enclosed the following:	check for \$30	(Letter of Eligibi	lity)	
	check for \$20	(Long-Term Cler	kship)	
	Letter of good	standing from me	dical school attended	
	Letter of acce	ptance from hospi	tal where clinical rotation will be done	
	original USM	LE Score Report ((Long-Term clerkship only)	
	Completed REQU	IRED NYS Infec	tion Control course	
Note: Check or money order must be drawn on a U.S. bank in U.S. dollars and payable to the New York State Education Department. Traveler's checks are not accepted for payment. Please do not send cash through the mail.				
I am confirmed for the following clinic	al clerkship at the	hospital named	below:	
(Name of Rotation)			(Name of Hospital)	
Dates of Rotation:// t	o//	for a total of _	weeks.	

mo. day year mo. day year I am currently enrolled in the following medical school: Country: Statement: I have / have not (circle one) engaged in clinical clerkships in the Sate of new York Since May 1, 1981.

Specify below any New York State clerkships since May 1, 1981.

Signature

_/ ___/ ___ mo. day year