



Interfaith-Brookdale-Kingsbrook Campuses
 Department of Academic Affairs
 Undergraduate Medical Education. Physician Assistant Programs. Allied Health Programs
 T: 347-415-6056 e: ume@obhny.org

Clinical Enrollment Requirements

STUDENT NAME	
SCHOOL	
EMAIL ADDRESS	
TELEPHONE NUMBER	

CLERKSHIP/ROTATION	START DATE	END DATE	TOTAL WEEKS

	CLINICAL DOCUMENTS	HEALTH DOCUMENTS	Expiration
	1. CLERKSHIP APPLICATION FORM ONLINE	1. Physical Exam (within 1 year of clerkship END date)	
	2. GOVERNMENT-ISSUED ID	2a. Negative PPD, Mantoux, or QuantiFERON-Gold test (within 1 year of clerkship END date)	
	3. TRANSCRIPT	2b. Negative chest X-ray (If has history of a positive PPD) [A repeat, or annual chest X-ray, is NOT required.]	
	4. LETTER OF GOOD STANDING (DEAN'S LETTER)	3. Positive/Reactive IgG titer for Measles (Rubeola)	N/A
	5. NATIONAL BACKGROUND CHECK REPORT	4. Positive/Reactive IgG titer for Mumps	N/A
	6. MASK FIT RECORD	5. Positive/Reactive IgG titer for Rubella	N/A
	7. ID BADGE	6. Positive/Reactive IgG titer for Varicella (VZV)	N/A
	8. EPIC LOG IN // SCRUB X // LOCKER	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">ONE BOX</div> <div> <input checked="" type="checkbox"/> 7a. Positive/Reactive Hepatitis B surface (IgG) antibodies <input type="checkbox"/> 7b. Proof of HepB vaccine series in progress <input type="checkbox"/> 7c. Negative HepB IgG titer with proof of HepB booster </div> </div>	N/A
	9. BLS	8. Influenza vaccine for current season (Date administered:)	-----
	10. DRUG SCREENING	9. COVID Document	

COMMENTS: _____

OBH SIGNATURE: _____

Date: _____

NOTE: MEDICAL STUDENTS ARE REQUIRED TO SUBMIT: ITEM # 1, 2, 3, 4, 5, 9, ALL HEALTH DOCUMENTS IN COLUMN B.
 NOTE: ALLIED HEALTH STUDENTS ARE REQUIRED TO SUBMIT: ITEM # 2, 5, 10, & ALL HEALTH DOCUMENTS IN COLUMN B.
 NOTE: PHARMD & PA STUDENTS ARE REQUIRED TO SUBMIT: ITEM # 2, 4, 5, 9, 10 & ALL HEALTH DOCUMENTS IN COLUMN B.