

# UNIFORM CLERKSHIP HANDBOOK INFORMATION

**DEADLINE FOR RECEIPT OF AGREEMENT AND INFORMATION BY AACPM:  
JULY 28, 2009**

**PLEASE PRINT CLEARLY:**

**Program Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Clerkship Director:** \_\_\_\_\_, DPM      **Phone #:** \_\_\_\_\_

**Contact, if different:** \_\_\_\_\_      **Phone #:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_      **Program Website:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_      Also accepting application materials via:  Email  Fax

\*\*\*\*\*

**I. Initial Applicant Requirements (required to apply):**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Photograph          | <input type="checkbox"/> Car required  | <input type="checkbox"/> Verification of Liability Insurance |
| <input type="checkbox"/> Letter of Interest  | <input type="checkbox"/> US Citizenship  | <input type="checkbox"/> Background Check                    |
| <input type="checkbox"/> # Ltrs of Rec       | <input type="checkbox"/> Drug Test – submitted by student                          | Type _____   |
| <input type="checkbox"/> Part I Board Scores | <input type="checkbox"/> Fingerprinting – submitted by student                     | Approx Cost _____  |
| <input type="checkbox"/> CV                  | <input type="checkbox"/> Doctor/clinic Immunization Verification required          | <input type="checkbox"/> HIPAA Training                      |
| <input type="checkbox"/> Transcript          | <input type="checkbox"/> Immunization Verification - Letter from School acceptable |  |
| Other/Comments _____                         |  |  |

**II. Additional Applicant Requirements (required upon acceptance):**

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Drug Test – submitted by student                          | <input type="checkbox"/> Drug Test – done upon arrival at hospital      | <input type="checkbox"/> HIPAA Training   |
| <input type="checkbox"/> Fingerprinting – submitted by student                     | <input type="checkbox"/> Fingerprinting – done upon arrival at hospital | <input type="checkbox"/> Background Check |
| <input type="checkbox"/> Doctor/clinic Immunization Verification required          | <input type="checkbox"/> Verification of Liability Insurance            | Type _____                                |
| <input type="checkbox"/> Immunization Verification - Letter from School acceptable |   | Approx Cost _____                         |
| Other/Comments _____   |   |   |

**II. Schools from which you accept clerks:**

|                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> All   | <input type="checkbox"/> CSPM  | <input type="checkbox"/> OCPM  |
| <input type="checkbox"/> AZPod | <input type="checkbox"/> CPMS  | <input type="checkbox"/> SCPM  |
| <input type="checkbox"/> BUSPM | <input type="checkbox"/> NYCPM | <input type="checkbox"/> TUSPM |

**Schools from which you accept residents:**

|                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> All   | <input type="checkbox"/> CSPM  | <input type="checkbox"/> OCPM  |
| <input type="checkbox"/> AZPod | <input type="checkbox"/> CPMS  | <input type="checkbox"/> SCPM  |
| <input type="checkbox"/> BUSPM | <input type="checkbox"/> NYCPM | <input type="checkbox"/> TUSPM |

**V. Benefits:**

Meals       Housing Provided (Approx Cost \_\_\_\_\_)       Contact Program for a list of housing suggestions  
Other/Comments \_\_\_\_\_

**IV. CASPR Participation:**

|                            |  |                                     |  |
|----------------------------|--|-------------------------------------|--|
| Residency program for 2010 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Select residents from clerks        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                            |  | Clerks given priority consideration | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Participation Agreement (Signature Required):**

**As a participant in the Uniform Clerkship Application Program, I agree that no clerkship requests will be accepted, scheduled or established either by written application, telephone or other electronic communication prior to the October 15<sup>th</sup> start date for the 2010-2011 training year.**

\_\_\_\_\_  
Signature of Clerkship Program Director (Required)

\_\_\_\_\_  
Date

\*Note: SCPM third year students will be applying between August & October 2009 for clerkships January through March 2010. This is a separate group, not included with the information for 2010-2011 training years. Applicants will use the 2009 application.

[Updated 6/15/ 2009]