

FOURTH YEAR STUDENT CLERKSHIP
COORDINATOR CHECK LIST

Program eligibility

_____ 4th year student at time of clerkship (**foreign student must be in final year**)

Part II

_____ Part II signature approval from the Course Instructor and Department Chairman
_____ Clerkship dates (**In Dept.**) two months prior to start of course
(In GME office) a month prior to start of course – no exceptions

Part I

_____ Part I school seal
_____ Part I bottom portion complete
_____ Part I original signature (**rubber stamps not acceptable**)
_____ Application payment confirmation number

Transcript / Letter of Recommendation

_____ Official transcript (**Must have passing grade**)
_____ Faculty letter of good standing **OR** recommendation (**must include supervised clinical experience**)

Health Insurance / Health Statement

_____ LA County DHS Health Clearance Certification (E2) Form – be sure to add
_____ the name of the Program, Program Coordinator's name, and contact number at top of page 1
_____ Proof of personal health insurance coverage during the clerkship
(Copy of Insurance card and valid coverage dates)
_____ Health Statement included and signed by a licensed physician
_____ Current skin test (**within the year of rotation-no exceptions**)
_____ TB report if skin test positive

Photo I.D. Form

_____ I.D. form (**complete top/bottom portion of I.D. form**)
_____ Color 2X2 photo

Certification

_____ UCLA HIPAA Certification – (www.medstudent.ucla.edu/visitingstudents)
_____ Code of Conduct - (www.harbor-ucla.org) under Coordinator and Forms
_____ Coordinator has acknowledged that student is aware of Harbor Live Scan policy prior to start date

***• THESE ARE UCLA & HARBOR-UCLA MEDICAL CENTER
REQUIREMENTS TO PARTICIPATE IN A HARBOR CLERKSHIP.
CHECKLIST MUST BE INCLUDED WHEN APPLICATION IS
SUBMITTED TO THE GME OFFICE.***