

## HMS Exchange Clerk Program Checklist

PLEASE PRINT CAREFULLY

Last Name	First	Middle

  

Email Address	Birthdate (mm/dd/yy)

- ☐ HMS Exchange Clerk Program Checklist
- ☐ Have you received EPIC (electronic health record system) training? Yes or No (**please circle one**)
- ☐ HMS Dean or Registrar Verification Form
- ☐ Official Letter of Support on your school's letterhead
- ☐ Original Official Transcripts
- ☐ HMS Immunization Form - HMS form must be filled out in its entirety and signed by a health professional. Home school forms cannot be substituted.

In addition, the following documentation must accompany the HMS Immunization Form;

- ☐ Copy of Lab Report posting a positive Measles serology test.
- ☐ Copy of Lab Report posting a positive Mumps serology test.
- ☐ Copy of Lab Report posting a positive Rubella serology test.
- ☐ Copy of Lab Report posting a positive Hepatitis B serology test.
- ☐ Copy of Lab Report posting a positive Varicella serology test or documentation of vaccination.
- ☐ Copy of Lab Report for clear Chest X-Ray or TSpot - ***required for all BCG Vaccinations***
- ☐ Personal Health Insurance (**may be provided after placement**)  
If proof is indicated in dean's letter, please highlight.
- ☐ Professional Liability/Malpractice (**may be provided after placement**)  
If proof is indicated in dean's letter, please highlight.
- ☐ CORI Form - only the top portion needs to be filed out and signed.
- ☐ Application Fee
- ☐ **International Students Only:** English Interview  
*Phone interviews are conducted on Tuesday and Thursday from 10am - 2pm EST.*
- ☐ **International Students Only:** TOEFL Score Report

\_\_\_\_\_ I understand that all the above materials must be together in ONE packet, otherwise my application will be considered incomplete and can result in my not being scheduled.  
Initial

\_\_\_\_\_ I acknowledge that I am currently enrolled and my LAST year of Medical School, graduating within 12 months of placement.  
Initial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEAN OR REGISTRAR VERIFICATION**

The Dean or Registrar of your medical school must complete this section. Requested information should be filled in and/or appropriate responses circled below:

*Student Name:* \_\_\_\_\_

- Standard length of time to complete MD program: \_\_\_\_\_ years
- Student's year of medical school: \_\_\_\_\_
- Student's expected graduation date: \_\_\_\_\_

Student is approved to do electives away from home school	YES	NO
Student is in good academic standing	YES	NO
Student has taken and passed Step 1 of the USMLE (U.S. and Canadian Students only)	YES	NO (explain if NO)
Student will be covered by personal health insurance while away	YES	NO
Student will be covered by malpractice insurance while away	YES	NO
Student will be taking the clerkship for credit	YES	NO

**INTERNATIONAL SCHOOLS ONLY, PLEASE ANSWER THE FOLLOWING:**

Is the language of instruction at your medical school in English?	YES	NO
Is student fluent in English? <i>Please refer our website under: "International Medical Students" for more details.</i>	YES	NO
Has student taken TOEFL exam? (if Yes, please give score & date taken)	YES Date taken: _____ Score: _____	NO

Dean or Registrar please complete:

Authorized by (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Name (print or type): \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

# HARVARD MEDICAL SCHOOL EXCHANGE CLERK CERTIFICATE OF IMMUNIZATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The following information **MUST** be completed and signed by the applicant's health care facility. Please check the following immunizations that have been completed by the above named student. These immunizations are required for participation in clerkships at Harvard Medical School and its affiliated hospitals.

Please refer to the Immunization Instructions on our website or the following form for details.

<b>1. A POSTITIVE SEROLOGICAL TEST FOR IMMUNITY TO MEASLES, RUBELLA AND MUMPS. A HISTORY OF DISEASE IS NOT ACCEPTABLE. <i>A COPY OF THE LABORATORY REPORT MUST BE ATTACHED</i></b>	<b>Positive MEASLES titer:</b> _____ <div style="text-align: center; font-size: small;">Month/day/year</div> <b>Positive RUBELLA titer:</b> _____ <div style="text-align: center; font-size: small;">Month/day/year</div> <b>Positive MUMPS titer:</b> _____ <div style="text-align: center; font-size: small;">Month/day/year</div>
<b>OPTIONAL : DATES OF IMMUNIZATION WILL NOT SUBSTITUTE FOR THE SEROLOGY.</b>	<b>MMR #1</b> _____ <b>MMR #2</b> _____ <div style="text-align: center; font-size: small;">Month/day/year                      Month/day/year</div> <b>IF NEEDED: MMR #3</b> _____ <div style="text-align: center; font-size: small;">Month/day/year</div>
<b>2. TETANUS-DIPHTHERIA-PERTUSSIS - Tdap</b>	<b>Tdap:</b> _____ <div style="text-align: center; font-size: small;">Month/day/year</div>
<b>3. HEPATITIS B IMMUNIZATION. A COPY OF THE POSITIVE HEPATITIS B SURFACE ANTIBODY TITER MUST BE ATTACHED.</b>	<u>Series complete</u> <b>#1</b> _____ <b>#2</b> _____ <b>#3</b> _____ <div style="text-align: center; font-size: small;">Month/day/year                      Month/day/year                      Month/day/year</div>
<b>4. TUBERCULOSIS SCREENING &amp; CHEST X-RAY</b> <b>No new test required if:</b> (a) <input type="checkbox"/> History of childhood BCG vaccination <b>or</b> (b) <input type="checkbox"/> Prior PPD, QFT or Tspot test consistent with latent TB <b>Type and date:</b> _____ <b>#mm induration:</b> _____ <b>Antibiotic therapy and dates:</b> _____ <b>Date of chest X-ray (attach report) REQUIRED</b> _____	<b>Type and date:</b> _____ <b>#mm induration:</b> _____ Result: <input type="checkbox"/> <b>negative</b> <input type="checkbox"/> <b>consistent with latent TB</b> <b>If consistent with latent TB, record date of chest X-ray and attach report:</b> _____ <b>Record antibiotic therapy, if taken, and dates:</b> _____
<b>5. PROOF OF CHICKENPOX (VARICELLA) IMMUNITY.</b> either: <b>a. A POSTIVE SEROLOGICAL TEST FOR IMMUNITY (PLEASE ATTACH REPORT) or</b> <b>b. DOCUMENTATION OF VACCINATION</b>	<b>Positive Varicella titer:</b> _____ <div style="text-align: center; font-size: small;">Month/day/year</div> <b>or Vaccination: #1</b> _____ <b>#2</b> _____ <div style="text-align: center; font-size: small;">Month/day/year                      Month/day/year</div>

Signature: \_\_\_\_\_  

M.D., R.N., or School Official

Date: \_\_\_\_\_  

Month/day/year

Name: (Please Print) \_\_\_\_\_

Title \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Harvard Medical School  
Guidelines for Immunization Compliance

Your health and the health of our patients is our primary concern. Please review the following information carefully in order to be eligible for the Exchange Clerk Program. HMS strictly adheres to these immunization guidelines which may exceed CDC recommendations.

**1. Measles, Mumps and Rubella**

- a. HMS requires positive IgG results as proof of immunity for each disease.
- b. A copy of the lab report must be attached for each titer result.
- c. Boosters or IgM results DO NOT substitute for a positive IgG result.
- d. Please note that HMS does not accept negative or equivocal titer results, even with a recent booster.
- e. If you have negative IgG results, to be eligible for the Exchange Clerk Program you will need to be established as a non-converter.
  - i. HMS requires that the student must have a negative reading posted 8 weeks from a 3<sup>rd</sup> booster vaccination and provide the following documentation:
    - 1. Recorded dates for all 3 MMR vaccinations.
    - 2. Lab report with negative result posted 8 weeks from 3<sup>rd</sup> booster.
    - 3. Letter from primary care physician declaring non-converter status.
- f. **Do not submit application while waiting for pending results.** All immunizations must be complete at time of application.

**2. Tetanus, Diphtheria and Pertussis Booster**

- a. Tdap booster must be administered within the last 10 years
- b. Tdap booster must also cover the entire time of requested period of study.
  - i. For example, if you request April, May and June then your Tdap booster should expire no earlier than July.

**3. Hepatitis B**

- a. Visiting medical students will need to complete the 3-part Hepatitis B series before rotating at HMS (incomplete series information is for HMS students ONLY)
  - i. Please submit laboratory report confirming presence of titer for Hepatitis B antibody (HBSAb)
  - ii. HMS does not accept negative or equivocal results. Please see above for more details regarding titers.

**4. Tuberculosis Screening and Chest X-Rays (ONE of the following is required)**

- a. Documentation of 2 skin tests (PPD); #1 within 12 months of start date, #2 within 3 months of start date of the 1<sup>st</sup> month you have applied for. **DO NOT SEND IN YOUR APPLICATION WITHOUT THE 2<sup>ND</sup> PPD.** Your application will be considered incomplete and will not be processed.
- b. For individuals know to be TB skin test (PPD) positive, documentation of a chest x-ray report which rules out active tuberculosis or Tspot within 1 year of your full rotation dates.
- c. Documentation of negative QFT or Tspot within 12 months of your full rotation dates; if positive QFT or Tspot, then documentation of a chest x-ray report which rules out active tuberculosis within 1 year of your full rotation dates.
- d. A TSpot or chest x-ray within 1 year of your full rotation dates is required for **ALL** students who have a history of childhood BCG vaccination. Please fill out the pertinent information in the left box of the Certificate of Immunization form.

**5. Varicella**

- a. If you have a history of chickenpox infection (varicella), then you will need to submit a laboratory report confirming positive IgG results
- b. If you have completed the 2-part varicella vaccination series, please recorded vaccination dates. You do not need to submit IgG or IgM if series complete.

**CORI REQUEST FORM**

Harvard University Medical School has been certified by the Criminal History systems Board for access to convictions and pending criminal case data. As an applicant for the **HMS Exchange Clerk Program**, I understand that a criminal record check will be conducted for conviction, non-conviction, and pending criminal case information only and that it will not necessarily disqualify me. The information below is current to the best of my knowledge.

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**APPLICANT INFORMATION (Please Print)**

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Last Name First Name Middle Name

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Applicant's Maiden Name (NA, if not applicable) Place of Birth Date of Birth (DD/MM/YYYY)

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Social Security Number (NA, if not applicable) ID Theft Index PIN (NA, if not applicable)

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Mother's Maiden NameCurrent Address: 

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Former Address: 

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Sex: M or F Height: 

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 ft. 

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 in. Weight: 

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 Eye Color: 

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Driver's License Number: 

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 State of Issue: 

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APPLICANT SIGNATURE: 

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(Unless otherwise preempted by law)

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**OFFICIAL USE ONLY**\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTO IDENTIFICATION: 

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REQUESTED BY: 

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Signature of authorized CORI employee

\*The CHSB Identity Theft PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI requests that include this field are required to be submitted to the CHSB via mail or by fax to 617.660.4614