

CLERKSHIP APPLICATION AND APPROVAL

SECTION I: STUDENT INFORMATION

Off Schedule?

Period _____ Exact Dates: From _____ / _____ / _____ To _____ / _____ / _____ Yes No

S/D Name _____ Student ID # _____ Class of _____

Mobile Number _____ Date _____

I attest the preceptor is not a family member

Applying for: Core Elective Non-Credit Rotation Optional/Study

Clerkship requested (be specific) _____
Example: Peds, Surg, etc.

Advisory College _____ I attest that I will work a minimum of 32 hours per week

SECTION II: SITE/FACILITY/CLINIC/HOSPITAL INFORMATION

Site/Facility/Clinic/Hospital Name _____

Does this site/facility/clinic/hospital require an affiliation agreement: Yes No

Address _____ Site Contact/Name _____

City/State/Zip _____ Site Contact/Email _____

SECTION III: PRECEPTOR INFORMATION

PLEASE NOTE: Students must be supervised by a licensed physician not a family member. In signing this application as an academic preceptor, I am attesting that I do not provide medical care for this student except in the event of an emergency.

Preceptor's Name _____

Does this preceptor require an affiliation agreement: Yes No

List all sites/facilities/clinic/hospitals to which student will need access to: _____

I attest that the student will work a minimum of 32 hours per week

The rotation is: Approved Not Approved

Name & Title _____ Email _____

Signature _____ Date _____

Telephone () _____ Fax () _____

You may return this clerkship application via the following:
EMAIL: clinicaleducation@unthsc.edu **FAX: 855-574-0798**