Educational Agreement

ELECTIVE and SELECTIVE ROTATION REQUEST FORM

Please return to:
WVSOM (West Virginia School of Osteopathic Medicine)
Sarah Collins, SWC Regional Director
CAMC Memorial; WVU Bldg., Room 3012
3110 MacCorkle Avenue, SE
Charleston, WV 25304
scollins@osteo.wvsom.edu

Phone: 304.720.8833

Fax: 304.720.8831

SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO STATEWIDE CAMPUS OFFICE

PLEASE MAKE SURE YOU COMPLETE ALL SECTIONS OF THE EDUCATIONAL AGREEMENT, OTHERWISE YOUR SWC WILL NOT BE ABLE TO COMPLETE YOUR REQUEST

Please Print or Type: First Middle Last

Student Name: ____ Class Year: ____________________

WVSOM Email: ____ Cell: ________________________________

Elective IM2 IM3 Surg2 Surg3 FM2 Peds2 Vacation

Rotation/Specialty: ________________________________ Dates: Beginning____________ Dates: Ending_________

I need housing: **YES**______ **NO**______ if housing is **NOT** available, I still want rotation? **YES**____ **NO**____

(Marking "YES" does NOT confirm that housing will be available to you)

Preceptor Name: ____ Degree: _______________

Phone Number: ______________________________________ Fax Number: __________________________________

Address: ____

City: ____ State: __________ Zip: _____________

Preceptor Email Address: ____

Hospital/Clinic Name: ____

Contact Person: ____Email Address: _______________________________

Phone Number: ____ Fax Number: _________________________________

Address: ____

City: ____ State: ______________ Zip: ______________

SECTION II – TO BE COMPLETED BY PRECEPTOR, DME, OR DESIGNEE AND MAILED OR FAXED TO WVSOM AT ABOVE ADDRESS OR FAX NUMBER

Is housing available for the student? YES _____ NO ______ by marking "YES" you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to: ____ Title: __________________
Address IF different from Hospital/Clinic stated above: ____
____

THIS IS TO CERTIFY THAT THE ABOVE-NAMED STUDENT HAS BEEN

☐ **ACCEPTED** **DENIED** ☐

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

Signature____ Date: ____________