|  |
| --- |
| **Responsible Department**:      |
| **Course #** |       |
| **Clerkship Title**       |
| **Date:**       |

|  |  |  |
| --- | --- | --- |
| **Facility/Clerkship Information** | **% of Time** | **Type (Select One)** |
| Facility 4 |       |
| Address |       |
| City |       | State |       | Zip Code |       |
| Primary Educators and Admin Contacts |
| Name | Specialty | Type | Phone | Email |
|       |       | Choose an item. |       |       |
|       |       | Choose an item. |       |       |
| Facility 5 |       |       | Choose an item. |
| Address |       |
| City |       | State |       | Zip Code |       |
| Primary Educators and Admin Contacts |
| Name | Specialty | Type | Phone | Email |
|       |       | Choose an item. |       |       |
|       |       | Choose an item. |       |       |
| Facility 6 |       |       | Choose an item. |
| Address |       |
| City |       | State |       | Zip Code |       |
| Primary Educators and Admin Contacts |
| Name | Specialty | Type | Phone | Email |
|       |       | Choose an item. |       |       |
|       |       | Choose an item. |       |       |
| Facility 7 |       |       | Choose an item. |
| Address |       |
| City |       | State |       | Zip Code |       |
| Primary Educators and Admin Contacts |
| Name | Specialty | Type | Phone | Email |
|       |       | Choose an item. |       |       |
|       |       | Choose an item. |       |       |
| Facility 8 |       |       | Choose an item. |
| Address |       |
| City |       | State |       | Zip Code |       |
| Primary Educators and Admin Contacts |
| Name | Specialty | Type | Phone | Email |
|       |       | Choose an item. |       |       |
|       |       | Choose an item. |       |       |