|  |  |
| --- | --- |
| **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. | | |  | | | |  | |