UWSOM Clerkship Site Application

|  |
| --- |
| **Clerkship Details and Designations** |
| Phase:[ ]  Patient Care[ ]  Explore & Focus | Clerkship Type:[ ]  Required [ ]  Elective | C:\Users\gfranco\AppData\Local\Temp\Temp1_WWAMI_logo (1).zip\WWAMI_logo\WWAMI_logo.jpg |
| Responsible Department:      |
| Course # |       |
| Weeks |       |
| Credits |       |
| Clerkship Title       |
| **Requested Designations** | CLERKSHIP SITE APPLICATION |
| APC: [ ]  | Sub-I: [ ]  | Surg. Selective: [ ]  |
| Permissions Only: [ ]  |
| **Clerkship Director Approval** | **WWAMI Dean Approval** |
| Name       | Name       |
| Date       | Date       |

|  |
| --- |
| **Clerkship Course Description** |
|       |

|  |
| --- |
| **Clerkship Goals & Objectives – (Include or Attach)** |
|       |

|  |  |  |
| --- | --- | --- |
| **Facility/Clerkship Information** | **% of Time** | **Type (Select One)** |

|  |  |  |  |
| --- | --- | --- | --- |
| Main Facility |       |       | Choose an item. |
| Address |       |
| City |       | State |       | Zip Code |       |
| Primary Educators and Admin Contacts |
| Name | Specialty | Type | Phone | Email |
|       |       | Choose an item. |       |       |
|       |       | Choose an item. |       |       |
|       |       | Choose an item. |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Facility 2 |       |       | 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 3 |       |       | Choose an item. |
| Address |       |
| City |       | State |       | Zip Code |       |
| Primary Educators and Admin Contacts |
| Name | Specialty | Type | Phone | Email |
|       |       | Choose an item. |       |       |
|       |       | Choose an item. |       |       |

*Additional Facilities Complete Facilities Addendum*

|  |
| --- |
| **Faculty – Complete Faculty Detail at the end of this application** |

|  |
| --- |
| **Housing (WWAMI Region)** |
| If this is a required clerkship, is there established housing to accommodate proposed availability? Choose an item. |
| Special Notes:       |

|  |
| --- |
| **Description of Student Program** |
| Office/Clinic Experience:       |
| Hospital Experience:      |
| Emergency Department Experience:      |
| Didactic lectures and/or grand rounds available [ ]  Yes [ ]  No | Frequency       |
| **Evaluation of Student** |
| Site will provide mid-clerkship feedback during every 4 week or longer rotation: | [ ]  Yes [ ]  No |
| Site capable of providing timely, secure, and confidential evaluation within 15 days of rotation end date: | [ ]  Yes [ ]  No |

|  |
| --- |
| **Credentialing/Compliance Requirements** |
| Student Credentialing Contact       |
| Phone       | Email       |
| Affiliation Agreement On File Choose an item. Date Filed       |
| *For Required Clerkships –* The affiliation agreement between the site and UW School of Medicine assures the sites: |
| Good Academic Standing | Basic Life Support Training | Criminal Background Check |
| Current Immunizations | Universal Precaution Training | Professional Liability Training |
| HIPAA Training |
| Please list any additional credentialing compliance site requirements:      |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Curriculum Office Only:

|  |
| --- |
| Curriculum Office Approval |
| **Dean’s Office Approval** | Date:       |
| Name:       | Signature: |
| **Committee Approval** |
| Choose an item. | Date:       |
| **APC Approval :** [ ]  Yes [ ]  No  | Date:       |
| Department Notified:       |
| Region Notified:       |

 |

|  |
| --- |
| **Faculty Detail – List all faculty at site(s)**  |
| Facility | Name | Specialty (Abbr) | Board Certified/Eligible | Provides Hospital Care | UW Appointment, if yes UW ID |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |
|       |       |       | Choose an item. |       | Choose an item.       |