UWSOM Clerkship Site Application

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| **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 |

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| **Clerkship Course Description** |
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| **Clerkship Goals & Objectives – (Include or Attach)** |
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| **Facility/Clerkship Information** | **% of Time** | **Type (Select One)** |

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| 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. | | |  | | | |  | |

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| 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. | | |  | | | |  | |

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| 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*

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

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

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| **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 |

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| **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: | | | |

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| 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: | | |

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| **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. |
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