

## CLERKSHIP APPLICATION AND APPROVAL

### SECTION I: STUDENT

Period \_\_\_\_\_ Exact Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Off Schedule? Yes  No

S/D Name \_\_\_\_\_ Class of \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applying for: Core  Elective  Non-Credit Rotation  Vacation/Study

Clerkship requested (be specific) \_\_\_\_\_  
Example: PCP-FM, Spec-Med-Cardio, etc.

Applying through VSAS: Yes  No  VSAS Dept. and Course Number: \_\_\_\_\_

Applying To/Preceptor Name \_\_\_\_\_

Address \_\_\_\_\_ Site Contact/Name \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Site Contact/Email \_\_\_\_\_

### SECTION II: PRECEPTOR or MEDICAL EDUCATION DEPARTMENT

PLEASE NOTE: Students must be supervised by a licensed physician.

Please check one: Approved  Not Approved

Name \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

EMAIL, FAX OR MAIL TO:

Office of Clinical Education  
University of North Texas Health Science Center-Texas College of Osteopathic Medicine  
3500 Camp Bowie Boulevard, Fort Worth, Texas 76107

EMAIL: [clinicaleducation@unthsc.edu](mailto:clinicaleducation@unthsc.edu) FAX: 817-735-2456 PHONE: 817-735-2537

### SECTION III: UNTHSC DEPARTMENT

Please check one: Approved  Not Approved

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR UNTHSC CLINICAL EDUCATION OFFICE USE ONLY

Hospital Code \_\_\_\_\_ Course ID \_\_\_\_\_ Preceptor Code \_\_\_\_\_