

## Educational Agreement

### ELECTIVE and SELECTIVE ROTATION REQUEST FORM



#### Please return to:

WVSOM (West Virginia School of Osteopathic Medicine)  
Sarah Collins, SWC Regional Director  
CAMC Memorial; WVU Bldg., Room 3012  
3110 MacCorkle Avenue, SE  
Charleston, WV 25304  
scollins@osteo.wvsom.edu

Phone: 304.720.8833

Fax: 304.720.8831

#### SECTION I – TO BE COMPLETED BY STUDENT AND SENT TO STATEWIDE CAMPUS OFFICE

**\*PLEASE MAKE SURE YOU COMPLETE ALL SECTIONS OF THE EDUCATIONAL AGREEMENT, OTHERWISE YOUR SWC WILL NOT BE ABLE TO COMPLETE YOUR REQUEST\***

Please Print or Type: First Middle Last I

Student Name: \_\_\_\_\_ Class Year: \_\_\_\_\_

WVSOM Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Elective IM2 IM3 Surg2 Surg3 FM2 Peds2 Vacation

Rotation/Specialty: \_\_\_\_\_ Dates: Beginning \_\_\_\_\_ Dates: Ending \_\_\_\_\_

I need housing: YES \_\_\_\_\_ NO \_\_\_\_\_ if housing is NOT available, I still want rotation? YES \_\_\_\_\_ NO \_\_\_\_\_

(Marking "YES" does NOT confirm that housing will be available to you)

Preceptor Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preceptor Email Address: \_\_\_\_\_

Hospital/Clinic Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### SECTION II – TO BE COMPLETED BY PRECEPTOR, DME, OR DESIGNEE AND MAILED OR FAXED TO WVSOM AT ABOVE ADDRESS OR FAX NUMBER

Is housing available for the student? YES \_\_\_\_\_ NO \_\_\_\_\_ by marking "YES" you are confirming that the student will have housing for the dates of this clerkship as listed in Section I.

Send Good Standing Letter to: \_\_\_\_\_ Title: \_\_\_\_\_

Address IF different from Hospital/Clinic stated above: \_\_\_\_\_

THIS IS TO CERTIFY THAT THE ABOVE-NAMED STUDENT HAS BEEN

☐ ACCEPTED

DENIED ☐

FOR THE CLINICAL ROTATION LISTED DURING THE DATES SPECIFIED.

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