



CLERKSHIP APPLICATION AND APPROVAL

SECTION I: STUDENT

Rotation site / Preceptor Name: _____

Address: _____

City/State/ZIP: _____

Clerkship requested: _____ Core: Elective:

Period: _____ Exact Dates: From _____ / _____ / _____ To _____ / _____ / _____

S/D Name: _____ Class of: _____

Address: _____ Email: _____

City/State/ZIP: _____ Mobile phone: _____

Signature: _____ Date: _____

SECTION II: UNTHSC DEPARTMENT (Please check one)

Approved: Disapproved:

Signature: _____ Date: _____

SECTION III: MEDICAL EDUCATION/PRECEPTOR

GENERAL INFORMATION: Students serving and conforming with the requirements of an approved clerkship are covered by the professional liability insurance of the HSC. Students are responsible for their own health care coverage. Please forward signed form to UNTHSC Office of Clinical Education **not later than 30 days** prior to specified start date. At the conclusion of the clerkship, the assigned preceptor is responsible for completing the evaluation of the Student Doctor.

Students must be supervised by a licensed physician.

If a student is exposed to blood or body fluids through a needlestick, splash, laceration, or other high risk exposure, an occurrence report must be completed by the Hospital or preceptor, and a copy sent to the UNTHSC Office of Clinical Education. The Hospital or preceptor will provide immediate evaluation and treatment for exposure as recommended by the Centers for Disease Control and Prevention. The student shall be solely responsible for the cost of subsequent treatment and follow-up testing.

Please check one: Approved: Disapproved:

Preceptor Signature: _____

Director Med. Education: _____ Date: _____

Telephone (_____) _____ Fax: (_____) _____

FAX OR MAIL TO:

Office of Rural Medical Education
 University of North Texas Health Science Center
 3500 Camp Bowie Blvd.
 Fort Worth, Texas 76107-2690

FAX #817-735-2901

PHONE #817-735-2275

SECTION IV: FOR UNTHSC OFFICE USE ONLY

Signature: _____ Date: _____

Office of Clinical Education

Hosp. Code: _____ Course: _____ Precep. ID: _____