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**OHIO**  
UNIVERSITY

OU-COM/CORE

PRECEPTOR INFORMATION FORM (PIF)  
INTERNATIONAL RESEARCH ROTATIONS (IRR)

Please note: Information will be maintained in a confidential file at Ohio University College of Osteopathic Medicine and/or the Office of International Programs.

Name \_\_\_\_\_ Degree \_\_\_\_\_ Yr. Grad. \_\_\_\_\_

University/Institution \_\_\_\_\_

Office Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Specify Discipline \_\_\_\_\_

Describe Research Area: \_\_\_\_\_

\_\_\_\_\_

Describe Research Facilities: \_\_\_\_\_

\_\_\_\_\_

**Specify Research Location:**

- Small Community     Rural     Laboratory Based     Other \_\_\_\_\_  
 Inner City     Suburban     Urban

Describe current research projects for which students will work, including funding source: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List anyone other than yourself who should be notified of a student's rotation (e.g. Department Chair, Dean):

Name/Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Briefly describe how this rotation will benefit the student:

\_\_\_\_\_

\_\_\_\_\_

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**Professional Organization Affiliation** \_\_\_\_\_

**Educational Background (Universities Attended & Degrees Received):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Title** \_\_\_\_\_

**Nationality** \_\_\_\_\_

**Preceptor/Mentor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please Return To:

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Ohio University College of Osteopathic Medicine  
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