

Pre-Clinical Summer Program Approval Application

*OU-COM students interested in participating in a clinical program during the summer between years 1 and 2 must complete and submit this application along with a copy of the formal description of the program (which should include learning objectives) **AT LEAST 3 WEEKS PRIOR TO BEGINNING THE EXPERIENCE** to: Sarah McGrew (Grosvenor Hall 333, Athens, Ohio 45701 or fax to 740-593-2161). Prior approval by the Assistant Dean of Preclinical Medicine is required to ensure the provision of OU-COM malpractice coverage.*

Student Name: _____ Class of: _____

Student Contact Information during summer (address and phone): _____

Program Name: _____

(U.S. experiences only)

Program Phone: _____ Fax: _____

Program contact person: _____

Scheduled Date(s) of Experience: _____

(Be as specific as possible)

Medical students do not hold a training certificate or license to practice medicine. Medical students are permitted to participate in patient examination, treatment and education only in the presence of a supervising physician. General liability insurance is not provided for students during the summer break between the first and second year. Your signature below indicates an understanding and acceptance of those limitations. NOTE: It is your responsibility to notify your preceptor/program director of the above mentioned limitations.

Student Signature

Date

Nicole Wadsworth, DO
Assistant Dean for Preclinical Medicine

Date

Approved: _____ Yes _____ No

Please notify Sarah McGrew by calling (740) 593-2518 or sending an email to mcgrew@ohio.edu if you are accepted into the program for which you have applied.

1/23/2009