

Preceptor Application Packet

OUCOM International Programs

Instructions: Complete this application in full and submit it to Mary Dailey. Returning preceptors should complete sections 1-3; reference letters are required of new preceptors only.

Additional Materials: Preceptors, please include the following with this application:

- **Volunteer Faculty (Preceptor) Information Form for International Clinical Rotations.**
Information for clinical preceptors, necessary for supervising OUCOM medical students.
- New preceptors must submit two (2) reference letters.

Please submit the original and one copy of this application and any additional materials to:

Mary Dailey
Office of International Programs
Ohio University College of Osteopathic Medicine
221a Grosvenor Hall
Athens, OH 45701

740 593-2183 phone
740 593-9557 fax
dailey@ohio.edu

3 Health Information. The purpose of this section is to help the Ohio University College of Osteopathic Medicine be of maximum assistance to you should you need medical assistance during your study abroad. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program administrator(s) be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. Ohio University will do its best to reasonably accommodate all individual needs or circumstances.

The information provided will remain confidential and will be shared with the program staff, faculty, or appropriate professionals only if pertinent to your well-being. Please attach additional sheets for any necessary explanations while answering the following questions.

- | | | | |
|---|---|------------|-----------|
| 1 | Are you generally in good physical condition? (If no, please explain) | YES | NO |
| 2 | Have you been treated or are you currently being treated for any physical, psychological or emotional conditions? (If yes, please explain) | YES | NO |
| 3 | Do you have any allergies? (If yes, please explain) | YES | NO |
| 4 | Are you taking any medications? (If yes, please explain) | YES | NO |
| 5 | Are you a vegetarian or are you on a restricted diet? (If yes, please explain) | YES | NO |
| 6 | Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the Program Coordinator to know during your study abroad? (If yes, please explain) | YES | NO |

Health Insurance Carrier: _____

Policy Number: _____

4 Reference Form. This form should be given to associates who are able to comment on your qualifications for participating in this study abroad program as a preceptor.

To the Applicant: Please fill out the top part of this form.

Applicant Name

Official Name of Program (Please refer to section 1)

Applicant's Waiver of Right to Access. The Family Educational Rights and Privacy Act of 1974, as amended (P.L. 93-380), allows a candidate to waive his or her right of access to confidential statements written on his or her behalf. Ohio University does not require you to make such a waiver as a condition for admission.

I hereby waive my right of access to this recommendation:

Applicant's Signature

____/____/____
MM/DD/YY

Deadline to Submit Reference Form to Mary Dailey: ____/____/____
MM/DD/YY

To the Referee. The above is applying to participate on a study abroad or exchange program through the Ohio University College of Osteopathic Medicine Office of International Programs. To benefit from this experience and qualify for acceptance, an individual must be highly motivated, emotionally mature, and able to adapt easily to people with different cultural and social backgrounds. We would appreciate your thoughtful and candid appraisal of this applicant's academic ability and personal suitability, as well as foreign language skills if applicable. Your comments will be seen by faculty and staff members on the program selection committee.

Name of Person Providing Reference

Position

Department

Institution

Phone

Email Address

How long and in what capacity have you known the applicant?

Please return this form and your written reference (please attach) by the above application deadline to: Mary Dailey, Office of International Programs, Ohio University College of Osteopathic Medicine, 221a Grosvenor Hall, Athens, OH 45701
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