



Preceptor Request for Health Professions Student Rotation

After 3 rotation blocks, preceptor may be required to submit proposal to GME Committee.

ATTENTION: Please allow 2 weeks for approval, plus an additional 30 days to complete processing.

PRECEPTOR INFORMATION - to be completed by Preceptor	
Preceptor Name :	
Preceptor Specialty :	
Check box to acknowledge you have reviewed information below, including rotation dates and sites:	
Email :	Phone :
Office Manager Name (or alternative contact person) :	
Email :	Phone :
TRAINEE INFORMATION	
Name of Educational Institution:	
Contact Person (If available) :	
Trainee Name (First, Last) :	
Trainee level : <input type="checkbox"/> OMS 3/MS 3/DS 3 <input type="checkbox"/> OMS 4/MS 4/DS 4 <input type="checkbox"/> Other :	
ROTATION INFORMATION	
Rotation Dates (Start – End) : -	
Rotation Name :	
Rotation Type : <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Combination Inpatient/Outpatient	
Legacy Site(s) : Mark all sites where you will be bringing trainee. <div style="display: flex; justify-content: space-around; font-size: small;"> Good Samaritan Emanuel Meridian Park Mt. Hood Salmon Creek Unity Silverton </div> Legacy Medical Group Clinic:	
Rotation Goals and Objectives :	

Please click the [SUBMIT](#) button to enter your request

Please use [Adobe Reader](#) or [Acrobat](#) to fill out this form.

FOR INTERNAL OFFICE USE ONLY	
<input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Denied</i>	Notes: