# Office/Clinic Based Clinical Site Information

<table>
<thead>
<tr>
<th>Organizational Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
</tr>
<tr>
<td>Mailing Address (if different):</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Facility Phone:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Clinical Facilities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Clinic</td>
</tr>
<tr>
<td>Hospital</td>
</tr>
<tr>
<td>Emergency Room</td>
</tr>
<tr>
<td>Operating Room</td>
</tr>
<tr>
<td>In-patient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accreditation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>Joint Commission</td>
</tr>
<tr>
<td>AAAHC</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
</tr>
<tr>
<td>Urban</td>
</tr>
<tr>
<td>Sub-urban</td>
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</tbody>
</table>

## Primary Point of Contact

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Phone:</td>
<td>Fax:</td>
</tr>
<tr>
<td>E-mail:</td>
<td></td>
</tr>
</tbody>
</table>

## Onsite Clinical Services

<table>
<thead>
<tr>
<th>Types of clinical experiences available (check all that apply)</th>
<th>Newborn</th>
<th>Infant</th>
<th>Child</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute illness</td>
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<tr>
<td>Chronic illness</td>
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<tr>
<td>Prenatal care</td>
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<tr>
<td>Gynecologic care</td>
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<tr>
<td>Mental health care</td>
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<tr>
<td>Preventive health care</td>
<td></td>
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<tr>
<td>Emergency medicine</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory testing?</th>
<th>No</th>
<th>Waived only</th>
<th>Microscopy</th>
<th>Full service</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pharmacy/dispensary?</th>
<th>No</th>
<th>Dispensary (or samples)</th>
<th>Pharmacist</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Radiology services?</th>
<th>No</th>
<th>Plain film</th>
<th>Ultrasonography</th>
<th>Other:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other diagnostic testing?</th>
<th>ECG</th>
<th>PFT</th>
<th>Audiometry</th>
<th>Tympanometry</th>
<th>Other:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Technical procedures</th>
<th>Ear irrigation</th>
<th>Eye irrigation</th>
<th>Wood’s lamp</th>
<th>IV therapy</th>
<th>Immunizations</th>
<th>Splinting/casting</th>
<th>Joint injections</th>
<th>Incision &amp; drainage</th>
<th>Cryotherapy</th>
<th>Electrodestruction</th>
<th>Shave biopsy</th>
<th>Punch biopsy</th>
<th>Other</th>
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| Anticipated average # student patient encounters/day | 16-20 |

## Student Services

<table>
<thead>
<tr>
<th>Local lodging</th>
<th>No</th>
<th>Cost/week:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals</td>
<td>No</td>
<td>Cost/day:</td>
</tr>
<tr>
<td>Parking</td>
<td>Yes</td>
<td>Cost/week:</td>
</tr>
<tr>
<td>Safety:</td>
<td>On site Security No</td>
<td></td>
</tr>
<tr>
<td>Contact person/staff phone #:</td>
<td>Security methods:</td>
<td></td>
</tr>
</tbody>
</table>

## Practice Based Learning and System Based Practice Opportunities

<table>
<thead>
<tr>
<th>Practice Based Learning</th>
<th>Options: None, Residents, Medical Students, PA Student, Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Team Activities</td>
<td>Options: None, Daily rounds, Team Meetings, Daily conferences, Other</td>
</tr>
<tr>
<td>Case Management Services (if yes, describe)</td>
<td>Options: No, Yes</td>
</tr>
<tr>
<td>Continuing Education Activities (if yes, describe)</td>
<td>Options: No, Yes</td>
</tr>
<tr>
<td>Staffing</td>
<td>Additional information on staffing requirements</td>
</tr>
<tr>
<td>Facilities</td>
<td># Exam rooms, # Procedure Rooms, Appropriate personal safety measures and policies in place? Options: No, Yes</td>
</tr>
<tr>
<td>Student Internet Access</td>
<td>Options: No, Yes</td>
</tr>
<tr>
<td>Onsite Medical References</td>
<td>Options: No, Yes</td>
</tr>
<tr>
<td>Who is responsible for student orientation?</td>
<td>Options: No, Yes</td>
</tr>
</tbody>
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### Notes:

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