

Office/Clinic Based Clinical Site Information

Organizational Name:		
Street Address:		
Mailing Address (if different):		
City:	State:	Zip Code:
Facility Phone:	URL:	
Type of Clinical Facilities: <input type="checkbox"/> Outpatient Clinic <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency Room <input type="checkbox"/> Operating Room <input type="checkbox"/> In-patient		
Accreditation <input type="checkbox"/> None <input type="checkbox"/> Joint Commission <input type="checkbox"/> AAAHC <input type="checkbox"/> Other		
Setting <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Sub-urban		

Primary Point of Contact

Name:	Title:
Office Phone:	Fax:
E-mail:	

Onsite Clinical Services

Types of clinical experiences available (check all that apply)	<input type="checkbox"/> Newborn <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Adolescent <input type="checkbox"/> Adult <input type="checkbox"/> Geriatric
	<input type="checkbox"/> Acute illness <input type="checkbox"/> Chronic illness <input type="checkbox"/> Prenatal Care <input type="checkbox"/> Gynecologic care <input type="checkbox"/> Mental health care <input type="checkbox"/> Preventive health care <input type="checkbox"/> Emergency medicine
Laboratory testing?	<input type="checkbox"/> No <input type="checkbox"/> Waived only <input type="checkbox"/> Microscopy <input type="checkbox"/> Full service
Pharmacy/dispensary?	<input type="checkbox"/> No <input type="checkbox"/> Dispensary (or samples) <input type="checkbox"/> Pharmacist
Radiology services?	<input type="checkbox"/> No <input type="checkbox"/> Plain film <input type="checkbox"/> Ultrasonography <input type="checkbox"/> Other:
Other diagnostic testing?	<input type="checkbox"/> ECG <input type="checkbox"/> PFT <input type="checkbox"/> Audiometry <input type="checkbox"/> Tympanometry <input type="checkbox"/> Other:
Technical procedures	<input type="checkbox"/> Ear irrigation <input type="checkbox"/> Eye irrigation <input type="checkbox"/> Wood's lamp <input type="checkbox"/> IV therapy <input type="checkbox"/> Immunizations <input type="checkbox"/> Splinting/casting <input type="checkbox"/> Joint injections <input type="checkbox"/> Incision & drainage <input type="checkbox"/> Cryotherapy <input type="checkbox"/> Electrodesiccation <input type="checkbox"/> Shave biopsy <input type="checkbox"/> Punch biopsy Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Anticipated average # student patient encounters/day	16-20

Student Services

Local lodging No Cost/week:	
Meals No Cost/day:	
Parking Yes Cost/week:	
Safety:	On site Security No
Contact person/staff phone #:	Security methods: <input type="checkbox"/>

Practice Based Learning and System Based Practice Opportunities

Onsite Interprofessional Learning	<input type="checkbox"/> None <input type="checkbox"/> Residents <input type="checkbox"/> Medical Students <input type="checkbox"/> PA Student <input type="checkbox"/> Other
Health Care Team Activities	<input type="checkbox"/> None <input type="checkbox"/> Daily rounds <input type="checkbox"/> Team Meetings <input type="checkbox"/> Daily conferences <input type="checkbox"/> Other
Case Management Services (if yes, describe)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Continuing Education Activities (if yes, describe)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Staffing	# Providers on duty/day # Nurses # Medical/Nursing assistants # Other support staff Describe staffing plan:
Facilities	# Exam rooms # Procedure Rooms Appropriate personal safety measures and policies in place? <input type="checkbox"/> No <input type="checkbox"/> Yes
Student Internet Access	<input type="checkbox"/> No <input type="checkbox"/> Yes
Onsite Medical References	<input type="checkbox"/> No <input type="checkbox"/> Yes
Who is responsible for student orientation?	

Notes:	
Performed by:	Date:

- Activate Site: Send the following:
- Affiliation agreement
 - Rotation schedule blocks
 - Student malpractice coverage
 - Complete preceptor profile
 - Visit site for further evaluation
 - Not suitable for placement
 - Further information needed _____
- Entered into database Yes No

Follow-up:

Initial Site Approval

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Yale Representative

Date

Approved for the following rotations:

- Internal Medicine Primary Care Behavioral Medicine Pediatrics General Surgery
 Women's Health Emergency Medicine Elective