



Request for Participation in Clinical Activities Outside of UIWSOM Specified Curriculum

Name: _____ Date: _____

Current Status: OMS I OMS II OMS III OMS IV

For OMS III and IV - Clinical Rotation or Clerkship: _____

Type of Activity Requested (select one or more as applicable):

- Observation Only (Shadowing)
- Participation in Clinic Activities Only
- Participation in Procedures
- Participation in Mission Trips or Activities
- Participation in Hospital Activities (including Operating Room, Labor and Delivery, or Emergency Department)

Dates requested: _____

Reason for Request:

Brief Explanation of Activities to be Performed:



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Approval Signatures

Current Preceptor

Preceptor for Activity

Hospital UME/GME Coordinator (if applicable)

Clerkship Director (if applicable)

Director of Clinical Rotations

Associate Dean for Clinical Affairs (if applicable)
