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|  | **mcw-Green Bay** **Clinical Apprenticeship****Sign-up form** |
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| Thank you for your interest in the Clinical Apprenticeship Preceptor program at the Medical College of Wisconsin in Green Bay. Please complete this form to add your name to our database for future student assignments. Any questions about the program, contact Dana Daggs, Email: ddaggs@mcw.edu, Phone: 920-403-4502 |
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| ***Physician Information*** | ***Contact Information*** |
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| First Name: |       |
| Last Name: |       |
| Title: |       |
| Employer: |       |
| Specialty: |       |

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| Physician Email: |       |
| Physician Phone: |       |
| Physician Pager: |       |
| Assistant Name: |       |
| Assistant Email: |       |
| Assitant Phone: |       |

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| ***Facility Information*** |
| Facility Address:(Where student would report) |       |
| City: |       |
|  |
| ***Availability*** |
| In order to participate in the Early Clinical Experiences Clinical Apprenticeship program, physicians would be required to host a student in four hour time slots. |
| **August through December 2016** | **January through May 2017** |
| Monday morning | [ ]  | [ ]  | Monday afternoon |
| Wednesday morning | [ ]  |  |  |
|  |  | [ ]  | Thursday morning |
| Friday afternoon | [ ]  | [ ]  | Friday afternoon |
|  |  |  |  |
| Let us know if you have any questions. |        |