Family Medicine Residency Program at Cheyenne
821 East 18th Street • Cheyenne, WY 82001
(307) 777-7911 • fax (307) 638-3616
e-mail: uwcheyfm@uwyo.edu • www.uwyo.edu/chyfammed

Application for Clinical Clerkship

Name: ____________________

Requested Dates for Clerkship: From: __________ To: _

Present Mailing Address: ____________________

____

Telephone Number: (   ) __________ SSN: _

Email: ____________________

Undergraduate School: ____________________

Dates: __________ Major/Degree: _

Graduate School: ____________________

Dates: __________ Major/Degree: _

Medical School: ____________________

Year of Graduation: ____________________

To be completed by Dean of Students (or comparable official) of Medical School

The Medical Student named above is in good standing at this institution and has approval to take the clerkship. Malpractice insurance DOES cover the student away from this school. Personal health coverage IS in effect away from this school. At the conclusion of the experience, a report (WILL) (WILL NOT) be required. (If a form is used, please attach a copy.)

Signature:______________________________ Date:______________

Name and Title:______________________________

I agree to serve as a clinical clerk under the Family Practice Residency Program at Cheyenne. Should my plans change prohibiting me from serving this clerkship, I will take the responsibility to inform the Program Director immediately. I understand that there is a dislocation allowance to be used towards travel expenses, lodging, etc. for a four week period. Meal tickets may be available. I also understand that malpractice insurance is not provided by the Family Medicine Residency Program and is my responsibility.

Signature:______________________________ Date:______________

Notice to Student: Before your clerkship will be confirmed, the following must be on file in our office:

- A written statement that outlines your reasons for requesting this clinical experience and includes your long-range plans.
- A copy of your transcript.
- A listing of the clinical rotations completed and scheduled prior to clerkship.