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**** Please attach current CV****

Name (MD/DO/Other)					
Name of employer, group or solo practice					
Address, City, State, Zip					
Phone # / Fax #					
Email					
Board Certification (List)					
AOA number					
Hospital privileges (Site, City, State)					
Contact Person (Practice Manager or other contact) Name/Phone/Fax/email					
Member of TOMA? (TN Osteopathic Medical Association)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Clinical Rotations		Medical Students		Physician Assistant Students	
		Yes	No	Yes	No
Hospital Supervision					
Office Preceptorship/Clerkship					
<input type="checkbox"/> <i>I will take students on a regular basis</i>					
<input type="checkbox"/> ONE-TIME Commitment – YOU DO NOT WISH TO HAVE OTHER STUDENTS		<i>Student Name:</i>			
Other Areas of Interest:		Medical Students		Physician Assistant Students	
		Yes	No	Yes	No
Lecture On-Campus					
Facilitate and Teach on Campus: OMM and/or Clinical Skills Labs					
Full- or Part-time Faculty Position (on-campus)					
Student Interviews					
Student Shadowing & D.O. Letter of Recommendation to LMU-DCOM					
Physician's Signature & Date					