2020 Summer Clinical Experiences

2020 Summer Clinical Education Proposal Title ______________________

Student Name and ID

What is your first name? ______________________ (first name)

What is your last name? ______________________ (last name)

Student KUMC ID number ______________________

Student Contact Information

Home phone (with area code) ______________________

Cell phone (with area code) ______________________

Email (KUMC) ______________________

Email (Alternate) ______________________

What is your local address?

Street ______________________

State
- ◯ Kansas
- ◯ Missouri

Zip Code ______________________

Experience details

Start Date ______________________

End Date ______________________

Credit hours proposed (select one)
- ◯ 2 credit hours
- ◯ 4 credit hours

Clinical Mentor Details

First Name (Mentor) ________________________

Last Name (Mentor) ________________________

Clinical Mentor Title ________________________

Clinical Mentor Contact Information

Clinical Mentor Phone ________________________
(Include area code)

Clinical Mentor Email ________________________
(KUMC or alternate)

Experience Location Information

Please select the appropriate site for this experience.
- ◯ KUMC
- ◯ Outside location (within USA)
- ◯ International

Country
- ◯ United States
- ◯ Other

Other Country ________________________

Clinical Department ________________________

Street address ________________________

City ________________________

State ________________________

Zip Code ________________________

Educational Objectives-please fill out appropriate areas with your mentor.

Student:
Why are you interested in participating in a clinical education experience? ________________________

Student:
What value/benefit would this clinical experience be to your medical education and career? ________________________

Student and Mentor please complete together:
What are the "Educational Objectives" for this experience? ________________________

Student and Mentor please complete together:
Describe the "Special Activities and Procedures" for this educational experience. ______________________________