# MSUCOM FCM Preceptorship Program

# Availability Form 2020-2021

Please indicate your availability below by writing in the number of students you are able to accomodate during each period. If you are not able to take students during a specific period, please just put “0.” Also, please indicate if housing is available. ***\*\*Make sure to mark your calendar and expect that you will have a student during the time periods you have indicated you are available.\*\**** Forms should be faxed (517-353-6613) or emailed ([reagan@msu.edu](mailto:reagan@msu.edu)) to Rebecca Reagan by **April 1, 2020**

***If students must be scheduled through a DME or administrative office, please include that contact information below.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | |
| ***Preceptorship Dates (one week periods)*** | ***# of students*** |  | ***Can you assist student in obtaining no-cost housing?*** |
| July 27 – 31, 2020 |  |  | Yes No | |
| August 3 – 7, 2020 |  |  | Yes No | |
| August 10 – 14, 2020 |  |  | Yes No | |
| August 17 – 21, 2020 |  |  | Yes No | |
| August 24 – 28, 2020 |  |  | Yes No | |
| December 14-18, 2020 |  |  | Yes No | |
| December 21, 2020 – January 1, 2021(40 hours to be mutually scheduled by student & preceptor within time period) |  |  | Yes No | |
| January 4 - 8, 2021 |  |  | Yes No | |
| March 8 – 12, 2021 |  |  | Yes No | |
| March 29 – April 2, 2021 |  |  | Yes No |

Please confirm the information below. If a section is blank, please fill it in.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DME Office Contact: | | |  | |  | DME Office Phone: |  |
|  |  | | | |  |  |  |
| Physician: |  | | | |  | Phone: |  |
|  |  | | | |  |  |  |
| Address: |  | | | |  | Fax: |  |
|  |  | | | |  |  |  |
|  |  | | | |  | Email: |  |
|  |  | | | |  |  |  |
|  |  | | | |  | Specialty: |  |
|  |  | | | |  |  |  |
| Contact: |  | | | |  | Contact Email: |  |
|  | | | | |  |  |  |
| Contact Phone: | |  | | | | Web Site: |  |
|  | |  | |  |  |  |  |
| Office Hours: | | Mon: | | |  |  | Thu: |
|  | | Tue: | | |  |  | Fri: |
|  | | Wed: | | |  |  | Sat: |

Name of person completing form (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

(please print) (date)