



Summer Preceptorship

School of Medicine

Office of the Dean

Mail code: L102
3181 S.W. Sam Jackson Park Rd.
Portland, OR 97239-3098
tel 503 494-8220
fax 503 494-3400

Office of Admissions

tel 503 494-8220

Continuing Medical Education

Mail code: L602
tel 503 494-8700
fax 503 494-0392

Development and Alumni Relations

tel 503 494-0723
fax 503 418-1025

Education and Student Affairs

tel 503 494-8228

Graduate Medical Education

Mail code: L579
tel 503 494-8652
fax 503 494-8513

Graduate Studies

tel 503 494-6222

PART I: TO BE COMPLETED BY OHSU MEDICAL STUDENT

I, _____, request permission to take the following elective course*:

JCON 709S – Summer Preceptorship (1 credit)

AT:

Name of Institution: _____

Direct Supervisor: _____

Street Address: _____

City, State, ZIP: _____

Phone: _____

Fax: _____

Approval of OHSU: _____

(Signature of dept or Dean’s Office Official)

Please attach description of what you are going to do and confirmation that you have been accepted to do this experience.

OHSU cannot provide malpractice coverage for experiences outside of the state of Oregon.

** Note: A \$60 charge will be added to your OHSU account once this course has been approved and scheduled.*

OCA: ____
Schd: ____