



## LMU-DeBusk College of Osteopathic Medicine

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**\*\*Please attach a CV\*\***

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