

# REGISTRATION FOR MINI ORIENTATION

## VAMC- MARTINSBURG STUDENTS & RESIDENTS Please Print ALL Fields Required

Name:			Date:		
<i>First</i>	<i>Middle</i>	<i>Last</i>			
Address:					
City:		State:		ZIP Code:	
Email Address:			Birth Place: <i>(City &amp; State)</i>		
Date of birth:		SSN:			
Male	Female	<i>(Please circle)</i>		US Citizen: Yes No	Veteran? Yes No
Home Phone:			Cell Phone:		
Height:	Weight:	Eye Color:	Hair Color:	Race:	
<b>SCHOOL INFORMATION</b>					
Requested Start Date: <i>(m/d/y)</i>			Rotation End Date: <i>(m/d/y)</i>		
Are you a: <b>STUDENT</b> <b>RESIDENT</b> <b>MEDICAL STUDENT</b> <i>(Please circle)</i>					
School Name:					
School Coordinator:			Coordinator's Phone #:		
Coordinator's Email:					
Is this an affiliated clinical education program?    Yes    No					
If Yes will you participate for 40 or more hours?    Yes    No			Last year you plan to be at this facility:		
<b>DISCIPLINE INFORMATION</b>					
Your Discipline or Title:					
Current Degree Your Obtaining:				Current Year of School:	
Service or Department Assigned/Requested:					
Name of Onsite Preceptor/Supervisor:					
<b>ACCOMMODATION INFORMATION</b>					
Will you need computer access?    Yes    No					
Will you need Uniforms?    Yes    No			Size:		
Will you need Special Accommodations?    Yes    No					
If 'Yes', what kind?					