WELLMONT HEALTH SYSTEM
OFFICE OF OSTEOPATHIC MEDICAL EDUCATION
295 Wharton Lane
Norton, VA 24273
276-679-6495

VISITING STUDENT APPLICATION

NOTE: Applications will be reviewed on an individual basis. All visiting students must meet certain health and immunization requirements and provide specific documentation as outlined in the Application Requirements document. Students should submit their applications to Wellmont Health System-Office of Osteopathic Medical Education, 295 Wharton Lane, Norton, VA 24273 or fax to 276-679-6095.

TO BE COMPLETED BY STUDENT: Please complete one application form for **each** elective desired.

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone Number _____ Year Level _____

E-mail address: _____

Gender: Male ☐ Female ☐ Date of Birth: _____

Signature _____

List below the elective desired.

Type of Rotation: _____ Rotation Date(s):_____

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TO BE COMPLETED BY THE DEAN OF STUDENTS, or comparable official, of the medical student's school: The student named above is in good standing at this institution and is approved to take this elective(s).

General liability insurance with amounts as required by the State of Virginia.

Name _____ Title _____

Signature _____ School _____

Address _____

City _____ State _____Zip _____Date _____

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TO BE COMPLETED BY DME or Designee

Rotation Confirmed:_____ Preceptor:_____

Approved By:_____ Date:_____
(please print)

Signature: _____