

# Liberty University College of Osteopathic Medicine

## Affiliate Agreement Request Form *Office of Clinical Rotations*

**All fields are required — no form will be accepted without completion.**

### Student Information

Name: \_\_\_\_\_

Liberty Student ID: \_\_\_\_\_

I have checked the Affiliation Agreements list on the LUCOM Clinical Education page, and the institution I am requesting is not listed. Also, I have verified the site is not a participating host on VSAS/VSLO. Yes \_\_\_\_\_ No \_\_\_\_\_

Is this an HCA facility? Yes \_\_\_\_\_ No \_\_\_\_\_  
*If yes, please apply through Clinician Nexus.*

### Affiliate Information

What is the name of the institution? \_\_\_\_\_  
*(Please spell out the entire name, no abbreviations)*

Where is the site located? \_\_\_\_\_  
(City, State, Zip)

What is the institution website? \_\_\_\_\_  
*(Please provide the specific page URL for intended rotations or GME, instead of a general parent link.)*

### Medical Student Coordinator or GME Coordinator Information

What is the name of the coordinator? \_\_\_\_\_

What is the email address of the coordinator? \_\_\_\_\_

What is the phone number of the coordinator? \_\_\_\_\_

### Additional Information

What is the specialty you are interested in? \_\_\_\_\_

In which academic year do you plan to complete this rotation (2021-22, 2022-23)? \_\_\_\_\_

Please provide the proposed start date for your requested rotation. \_\_\_\_\_

Have you contacted the Office of Clinical Education about adding this site? Yes? \_\_\_\_\_ No? \_\_\_\_\_