Clinical Year 2018-2019
Division of Physician Assistant Studies
Request for Availability

Site Information
Name of Practice: ________________________________________________
Discipline: ______________________________________________________
Preceptor Name: ________________________________________________
(Name of provider who should be listed in our system as Primary Preceptor)
MUSC Alumni: □ Yes □ No
Office Contact: __________________________________________________
Name                                                  Phone                                 Email

Clinical Rotation Dates for Clinical Year 2018-2019
Please indicate whether you are Available or Cannot Precept for each rotation period.

<table>
<thead>
<tr>
<th>Rotation #</th>
<th>Clinical Rotation Date</th>
<th>Available</th>
<th>Cannot Precept</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8/27/2018 – 9/28/2018</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2</td>
<td>10/01/2018 – 11/02/2018</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3</td>
<td>11/05/2018 – 12/07/2018</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4</td>
<td>1/02/2019 – 2/01/2019</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5</td>
<td>2/04/2019 – 3/08/2019</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>6</td>
<td>3/18/2019 – 4/19/2019</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>7</td>
<td>4/22/2019 – 5/24/2019</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

This practice will commit to precept a total of _____ student(s) for the 2018-2019 Clinical Year.
Your answer to this question will tell us if you would like to have a student each time that you select an available date, or if you are available for multiple dates, but wish to cap the total number of students that you precept.

Please list any additional sites the students will be attending on their rotation:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Special instructions or comments: _____________________________________________
____________________________________________________________________
____________________________________________________________________

Name of person executing this form      Date

You will receive a tentative schedule for final confirmation before the clinical year begins.

Please complete this form, and fax or email it to Natalie Plaehn by January 31, 2018.
Fax: 843-792-2829    Email: plaehn@musc.edu

If you have any further questions, please call (843) 792-6864