Clinical Year 2017-2018
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)
Office Contact: _______________________________________________
Name                                                  Phone                                 Email

Clinical Rotation Dates for Clinical Year 2017-2018
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>8/28/2017 – 9/29/2017</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>10/02/2017 – 11/03/2017</td>
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<tr>
<td>3</td>
<td>11/06/2017 – 12/08/2017</td>
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<tr>
<td>4</td>
<td>1/02/2018 – 2/02/2018</td>
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<tr>
<td>5</td>
<td>2/05/2018 – 3/09/2018</td>
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<tr>
<td>6</td>
<td>3/19/2018 – 4/20/2018</td>
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<tr>
<td>7</td>
<td>4/23/2018 – 5/25/2018</td>
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<tr>
<td>8</td>
<td>5/29/2018 – 6/29/2018</td>
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</table>

This practice will commit to precept a total of ___ student(s) for the 2017-2018 Clinical Year.
Your answer to this question will tell us if you would like to have a student each time you select an available date, or if you are available multiple dates, but wish to cap the number of students you instruct.

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 year begins.

Please complete this form, and fax or email it to Maggie MacMillan by January 31, 2017.
Fax: 843-792-2829       Email: macmillm@musc.edu

If you have any further questions, please call (843) 792-3789