

PRINT LEGIBLY or complete on-line.

Name _____ ☐ M or ☐ F _____
 First Middle Last Medical School Email Address Mobile Number

Address _____
 Street, City, State, Zip Code Last 4 digits of SSN Birthday (MM/DD/YY)

CITIZENSHIP/VISA STATUS Check One (Not Optional)

- ☐ Native-Born US Citizen ☐ B1, B2 Temporary Visa
☐ Naturalized US Citizen ☐ F1 Student
☐ Permanent Resident ☐ J1, J2 Exchange Visitor

Emergency Contact _____

Relationship _____
 Phone Numbers _____

**ATTACH
PASSPORT-TYPE
PHOTO HERE**

Check those that apply: ☐ MS1 ☐ MS2 ☐ MS3 ☐ MS4

Medical School Location (City, State, Zip Code) _____

Clinical Office Contact _____ Phone _____ Email _____

1. Select One of the Following Options

- ☐ If a Carilion staff member has already agreed to let you shadow, fill in each blank here and send the completed packet so that Visiting Student Affairs has it at least 15 days prior to the first date listed in the date section below.

Preceptor's Name _____ Phone _____ Email _____

Practice Name and Location _____

Office Contact _____

Phone _____

- ☐ If you want Visiting Student Affairs to find a staff member for you to shadow, fill in each blank here and send the completed packet so that Visiting Student Affairs has it at least 30 days prior to the first date listed in the date section below.

Requested departments or areas of interest: _____

- At any of these facilities: ☐ Carilion Medical Center, Roanoke ☐ Carilion New River Valley Medical Center
☐ Carilion Franklin Memorial Hospital ☐ Carilion Giles Memorial Hospital
☐ Carilion Rockbridge Community Hospital ☐ Carilion Tazewell Community Hospital
☐ Other _____

2. Select Preferred Dates/Times (List several dates allowing sufficient time to meet the date restrictions on the cover letter.)

_____, ☐ and ☐ or _____, ☐ and ☐ or _____, ☐ and ☐ or _____

- Incomplete applications will be returned to the applicant.
- All arrangements must be coordinated through Carilion's Visiting Student Affairs Office.
- Do not make plans to shadow before receiving confirmation by email from the Visiting Student Affairs Office.
- Students may shadow only as stated on the confirmation.

ENCLOSE THESE DOCUMENTS

- ☐ Letter of Good Standing from school or program ☐ Carilion Student Participation Agreement
☐ Carilion Immunization Record ☐ Carilion Observer Guidelines
☐ Carilion Access & Confidentiality Agreement ☐ Proof of Health Care Coverage (photocopy both sides of your health insurance card)

M4S, IF YOU ARE INTERESTED IN RESIDENCY AT CARILION, ENCLOSE THE FOLLOWING.

- ☐ Copy of Transcripts
☐ Copy of USMLE or COMLEX Scores

I CERTIFY THAT THE INFORMATION SUBMITTED ON THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____ Print Your Name _____

Send completed application packet to VisitingStudentAffairs@carilionclinic.org