

PRACTICE DATA PROFILE

#1 Affiliation Agreement Information

Date: _____

Legal name of practice: _____

Corporate Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Person who will sign affiliation agreement for the practice: _____

Cell: _____ Email: _____

Person who will receive placement notifications* and onboard students: _____

Cell: _____ Email: _____

List all locations/clinics for the practice (use a separate sheet if more convenient):

Do any locations serve health disparity minorities or have HRSA designations i.e. FQHC, CHC, HPSA, MUA?

Other information about site or locations:

#2: Location Information (complete a new form for each location)

Name and address of clinic, and any special information about the location or parking:

Clinic manager to contact for student placement or onboarding: _____

Cell: _____ Email: _____

Any Special Onboarding?

Age range of patients at this location

_____ % Pediatric (0 - 18 years)
_____ % Adult (18 – 64 years)
_____ % Geriatric (65+ years)

Clinical Specialty:

Family Practice
Internal Medicine
Pediatrics
Women’s Health
Emergency Medicine
Surgery
Infectious Disease
Behavioral Health
Elective (specify) _____

Type of Setting

_____ % Outpatient
_____ % Inpatient
_____ % Emergency Department
_____ % Operating Room
_____ % Other (specify) _____

Do students need to speak a 2nd language to communicate effectively with patients? _____

Language: _____ What percentage of patients speak this? _____%

#3: Information on Providers / Preceptors at the Location

1st _____ 1-3 4-6 7-10
Name (MD, DO, PA, NP) Number of students preceptor will take (per academic year)

License, Board Certification and Supervising Physician (if provider is a PA)

Email: _____ Phone: _____

Any preference on times to take or not take a student? _____

2nd _____ 1-3 4-6 7-10
Name (MD, DO, PA, NP) Number of students preceptor will take (per academic year)

License, Board Certification and Supervising Physician (if provider is a PA)

Email: _____ Phone: _____

Any preference on times to take or not take a student? _____

*The notification email sent prior to each rotation contains the following documentation in the Student Profile link:

Student photo and contact information
Background check and drug screen
Immunization records
Certificate of liability (malpractice) insurance

BLS and ACLS certifications
OR training (scrubbing, gowning, gloving)
Clinical skills documentation
DFW Hospital Council standard student orientation