Students are responsible for picking up letters of good standing. If you have attached an application to this form then the entire student section must be complete prior to leaving it with OCA staff for processing.

Student Name:			
Expected Graduation Date:			
Name and address of Schoo	ol/Institution for whic	h you are applying:	
Contact Information:			
Activity for which you are	applying:		
Activity Dates:			
Have you had any remediat	tion in Phase 3: (Plea	e circle one)	
	YES	NO	
If yes, please list:			
Has the CSPPP limited the any reason?	number of weeks that	t you are allowed to comple	te of externships for
	YES	NO	
Does the application have a	a section that must be	completed by your school?	(Please circle one)
	YES	NO	
If yes, then application mu	st be submitted with	he corresponding letter requ	iest form.
If you are accepted to this e	externship then you w	ill need to complete the Pha	use 3 Extramural &

Self-Designed Elective Scheduling Form and attach a letter (or email) of approval from the institution for which you will be rotating. You will not get credit for the externship if the Phase 3 Extramural & Self-Designed Elective Scheduling Form is not completed and turned in. Once you have filled out the appropriate paperwork an evaluation form will automatically be sent by the school.

Verification of HIPPA training is available in the Compliance Office (Caroline Bldg. C110, phone 977-7744) or you can get a copy for Susan Aslin in Student Affairs.

Immunization records are available in the Student Health & Counseling Office (Marchetti Towers East, 1st Floor, phone 977-2323.