**AY18-19 Faculty Sign-Up Form:**

**Preceptor Information** (Please add/update information below)

|  |  |
| --- | --- |
| *Name/Title:*  |  |
| Email (required): |  |
| Cell Phone: |  |
| Practice Name: |  |
| Practice Street: |  |
| Practice City, State, & Zip code: |  |
| Practice Phone: |  |
| Office Contact: |  |
| Contact Phone/Extension: |  |
| Office Contact Email: |  |
|[ ]  Rotation 801 – May 21 through June 29, 2018 |
|[ ]  Rotation 802 – July 16 through August 24, 2018 |
|[ ]  Rotation 803 – September 17 through October 26, 2018 |
|[ ]  Rotation 804 – November 12 – December 21, 2018 |
|[ ]  Rotation 805 – January 21 through March 1, 2019 |
|[ ]  Rotation 806 – March 18 through April 19, 2019 |
| Percent of patients over the age of 64? 10% 20% 40% 50% 60% 80% 100% |
| Percent of patients under the age of 18? 10% 20% 40% 50% 60% 80% 100% |
| Do you do prenatal care? | Yes - [ ]  No - [ ]  |

Please email or fax back to Sally Bowles at 314-977-5268 or sally.bowles@health.slu.edu

*Medical Student Education Contacts*

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| ***Program Directors*** |
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| ***Program Coordinator*** |
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