

## Process for students requesting Off-Site Experience:

- Student Completes and Submits the Off-Site Experience Request Form to the Credentialing Coordinator.
- Credentialing Coordinator verifies the students credentialing and submits form for Site Affiliation Agreement verification. Once all information is verified the request form is reviewed and signed by the Associate Dean Student Affairs.
- Credentialing Coordinator files the scanned file into the student's "Hospital Forms" folder labeled: "Last Name – Off-Site Experience (Site)"
- Paper copy is filed in the permanent file.
- After approval, the credentialing coordinator informs the student and they must complete any additional requirements from the site. The site is also notified and all required documentation is submitted.

## Site Requirements for Off-Site Experience:

MIHS: Mary Ellen Watson ([Maryellen.watson@mihs.org](mailto:Maryellen.watson@mihs.org))

Student submits an "Engagement Experience Agreement for UofA students" form (this is a MIHS form) to the registrar's office with the top half filled out.

### EMERGENCY MEDICINE:

- The form must be filled out and signed by the student before the registrar's office forwards it to Darlene Gonzalez ([Darlene\\_Gonzales@dmgaz.org](mailto:Darlene_Gonzales@dmgaz.org)) at MIHS for appropriate signatures.
- Once the Faculty Sponsor, Program Director and Department Chair have signed the form, Darlene sends the form back to Registrar to sign as the "UofA Representative."
- Registrar returns the signed form to Darlene

### ANESTHESIOLOGY:

- Registrar signs the form and sends it to Anaiz Ochoa ([Anaiz\\_ochoa@dmgaz.org](mailto:Anaiz_ochoa@dmgaz.org))

### DIAGNOSTIC/INTERVENTIONAL RADIOLOGY:

[Norma\\_Valverde@dmgaz.org](mailto:Norma_Valverde@dmgaz.org)

UA Credentialing Coordinator files the scanned file into the student's "Hospital Forms" folder labeled: "MIHS -Engagement Experience Agreement\_last name\_date"

---

### BANNER UNIVERSITY MEDICAL CENTER – PHOENIX: Diane Ramirez

([Diane.Ramirez@bannerhealth.com](mailto:Diane.Ramirez@bannerhealth.com))

Student will contact the site coordinator within the specific department they will be observing their Off-Site Experience. They will then submit the "Observation Form" to the site coordinator and follow and procedures required by the site coordinator.

The UA Credentialing Coordinator will supply any information requested by the site coordinator and/or medical education.

# Off-Site Experience/Training Form



College of Medicine-Phoenix

A site agreement must exist before a student participates in an off-site experience.

Please submit within 14 days in advance of the start date. If no site affiliation agreement exists, submit this request at least 60 days in advance of the start date.

## STEP # 1: STUDENT INFORMATION

STUDENT NAME:	GRADUATING CLASS:	DATE:
PHONE #	EMAIL ADDRESS:	

## STEP # 2: LOCATION AND TYPE

<b>LOCATION:</b> <input type="checkbox"/> IN-STATE <input type="checkbox"/> OUT-OF-STATE <input type="checkbox"/> OUT OF THE COUNTRY Name of Country:	<b>TYPE:</b> <input type="checkbox"/> RESEARCH <input type="checkbox"/> PATIENT CARE PRECEPTORSHIP <input type="checkbox"/> NON-PATIENT CARE (IND. STUDY) <input type="checkbox"/> OTHER- please explain	<b>IS THIS A MILITARY BASE?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>IF YES, WILL STUDENT BE ON ACTIVE DUTY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	---

## STEP # 3: OFF-SITE EXPERIENCE DESCRIPTION

DESCRIPTION :
ROTATION DATES: START: _____ END: _____ # OF WEEKS _____

## STEP # 4: SUPERVISING DOCTOR / SITE CONTACT INFORMATION – COMPLETE ALL FIELDS

DOCTOR NAME:	PRACTICE SITE LEGAL NAME:
DOCTOR PHONE #:	PRACTICE SITE ADDRESS:
MOBILE # (IF AVAILABLE):	CITY/STATE/ZIP:
DOCTOR EMAIL ADDRESS:	PRACTICE WEBSITE:
MEDICAL EDUCATION COORDINATOR NAME:	Will student be going off site? (other than site listed above): <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list locations:
MEC DIRECT PHONE#:	
MEC EMAIL ADDRESS:	
FAX #:	
Other relevant information:	

## STEP # 5: EMAIL THIS FORM TO [TYLyons@email.arizona.edu](mailto:TYLyons@email.arizona.edu) , OR FAX TO 602.827.2215

### BY UA COM-PHX ASSOCIATE DEAN STUDENT AFFAIRS

*The above named student has permission from The University of Arizona College of Medicine - Phoenix to participate in the above course pending contract completion.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### COM-PHX OFFICE USE ONLY:

Form submitted and/or routed to:

Credentialing Verification: Tacha Lyons - Credentialing Coordinator: \_\_\_\_\_ (Initial) Date: \_\_\_\_\_

Site Affiliation Agreement Verification: Scott Reikofski, EdD - Director Student Affairs: \_\_\_\_\_ (Initial) Date: \_\_\_\_\_

Off-Site Experience Approval: Susan Kaib, MD, FAAFP - Associate Dean Student Affairs: \_\_\_\_\_ (Initial) Date: \_\_\_\_\_

Filed into Student Records: \_\_\_\_\_ (Initial) Date: \_\_\_\_\_