



Medical Staff Services
PO Box 7239
Odessa, TX 79762
OFF: 432-640-1116
FAX: 432-640-1057

Submit form to:
ORIGINAL: MCH Medical Staff Services
COPY: MCH Health & Wellness

STUDENT PARTICIPANT
(Medical Student and Physician Assistant Student)
AT
MEDICAL CENTER HOSPITAL

NAME: (Print Legibly): _____

SIGNATURE: _____

I AM: *Optional – PLEASE CHECK*
___ MALE ___ FEMALE

CHECK AND COMPLETE:

___ PHYSICIAN ASSISTANT STUDENT; in my ___ YR. of medical education.
___ MEDICAL STUDENT; in my ___ YR. of medical education.

CURRENT LOCAL ADDRESS: (WHERE YOU WILL RESIDE DURING YOUR ROTATION):

PERMANENT ADDRESS:

COMPLETE ALL OR N/A:

_____ CURRENT LOCAL PHONE # _____ PERMANENT PHONE
_____ EMAIL ADDRESS _____ FAX NUMBER
_____ DRIVER'S LIC # _____ DATE OF BIRTH

COMPLETE ALL:

MEDICAL / PA SCHOOL NAME: _____
ADDRESS: _____
CITY, ST, ZIP: _____
CONTACT NUMBER: _____
Program Director / Contact Person: _____

EMERGENCY CONTACT NAME: _____

PHONE NUMBER: _____

EMAIL: _____

ADDRESS: _____