



**OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES
COLLEGE OF OSTEOPATHIC MEDICINE CLINICAL TRAINING SITE ASSESSMENT
FORM**

INSTRUCTIONS: This form is to be completed by the course coordinator during each site required clinical rotation training site visit. It is the responsibility of each of Course Coordinator to submit the completed assessment form to the Associate Dean for Clinical Education within three days of completing the site visit.

GENERAL SITE VISIT INFORMATION

| Clinic Training Site Information | |
|---|--|
| Facility Name: | |
| Facility Location (City, State): | |
| Date of Site Visit: | |

| Rotations Currently Available (Check All That Apply) | OSU-COM Representatives In Attendance | Facility Representatives In Attendance |
|---|--|---|
| Required Pediatrics | | |
| Required Psychiatry | | |
| Core OB/GYN | | |
| Core Medicine 1 & 2 | | |
| Core Surgery | | |
| Rural Clinic | | |
| Community Hospital 1 | | |
| Community Hospital 2 | | |
| Emergency Medicine | | |
| RMT Selective | | |
| RMT Sub-Internship | | |
| RMT Community Clinic | | |

This Site Assessment Form was completed by:

| | |
|-------------------------|--|
| OSU-COM Representative: | |
| Date: | |

This Site Assessment Form was reviewed by:

| | |
|------------------------------------|--|
| Associate Dean Clinical Education: | |
| Date: | |