



Residency Site Information Form

Hospital/Large Clinic Information

Please print legibly or type responses. To the right, please mark those selections which most closely describe your facility.

- In-patient Hospital In-patient Clinic
 Specialty Facility Out-patient Clinic

Name of Designated Contact _____
First M.I. Last Title

Phone: _____

Hospital/Clinic Administrator _____
First M.I. Last Title

Phone: _____

Business Name: _____

Street Address: _____
Street Address

City or Town State Zip Country

Business Fax: _____ Other Fax: _____ E-mail: _____

Days and Hours of Operation _____

Malpractice Insurance Carrier _____
 (Please attach a copy of the declaration page)

Name of Medical Director _____
First M.I. Last Degree Earned

Phone _____
 :

Medical School Alma Mater _____ Year of Graduation _____

Current State Licensure _____ Years in Practice _____

Malpractice Insurance Company and Policy Number _____

Names of Other Practitioners who will directly supervise the resident *Please attach additional pages if necessary*

First M.I. Last Degrees Earned Medical Alma Matter Year of Graduation Hours per week at site

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Resident Duties

Please include a copy of the resident job description with this application.

The CNME requirements state that residents should attend regular CME activities. How will you incorporate CME into the resident schedule?

Will the resident be required to do administrative tasks within their work week? If so, please indicate the type of activities the resident will be responsible for.

Facilities/Patient Care Information

Please describe any space(s) dedicated as intern/resident space:

If your Facility serves inpatients

How many beds in the facility? _____ On average, what percentage of the beds are full? _____

Is this a multiple service facility? _____ How many physicians are associated with the facility? _____

If your Facility serves only outpatients

What is the square footage of practice space? _____ How many treatment rooms? _____

What is the average number of patients seen on a given day? _____

What is the total active (seen in the last 3 years) patient base of your site? _____

The average length of a patient visit is: 15 minutes 30 minutes 45 minutes 1 hour Longer

Describe the patient distribution of the practice: _____% males _____% females _____% geriatric _____% pediatric _____% other

What percentage of the total practice is General Medicine? _____

Does this training site offer any area(s) of Specialty? If so, please describe the specialty and provide the % of the practice dedicated to this specialty:

_____ %

_____ %

Does the clinic follow OSHA standards? If not, explain: _____

Do you do laboratory testing on-site? Yes No

What percent of patients get lab testing? Standard: _____ Alternative: _____

What lab tests are performed on site?

Standard: _____

Alternative: _____

Describe the lab facilities available at the training site: _____

Describe the Diagnostic/Therapeutic Equipment and Supplies available on site:
(i.e. physiotherapy, minor surgery, IV, Hydro (include colonic), physical exercise equipment, etc) _____

Describe any other specialty equipment and/or supplies at site: _____

Describe the extent of the Medicinary available at the training site: _____

Is your site involved in any other training or research? If so, please explain Yes No

If your site has a mission statement, please include it here _____

Is there any information we should know which previous questions have not addressed? _____

Thank you for taking the time to complete this information form. Upon receipt, the Office of Post-Graduate Medical Education will compile a profile of your site and a representative of the Office of Post-Graduate Medical Education will call your designated Contact Person. Please mail completed forms to the following address or if you have any questions or concerns about this information form or this process please contact:

Melanie Henriksen, ND, LAc, CNM
National College of Natural Medicine
049 SW Porter Street
Portland, OR 97201
Phone: (503) 552-1848
Fax: (503) 552-1526

NCNM Distant Site Resident Weekly Schedule

Proposed Weekly Schedule of Daily Activities:

Please fill in the time periods when applicable. Indicate the activities/duties (ex: patient care shifts, private shifts, individual study periods, research activity, academic participation, rotations, etc.) Please note that 20-30 hours should be devoted to patient care shifts and the remaining 10-20 hours distributed to administrative, learning, research, conferences and similar activities.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6:00-7:00am						
7:00-8:00am						
8:00-9:00am						
9:00-10:00am						
10:00-11:00am						
11:00-12:00pm						
12:00-1:00pm						
1:00-2:00pm						
2:00-3:00pm						
3:00-4:00pm						
4:00-5:00pm						
5:00-6:00pm						
7:00-8:00pm						
After Hours						