Name: ________________________________________________________________

Email: ______________________________________ Phone #: __________________

Residency Program, Specialty & Year: ______________________________________

What are the dates of your elective rotation? ________________________________

Do you have prior experience with Integrative Medicine? □Yes / □No

If yes, please describe: ___________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Why are you interested in this elective? ______________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

What goals do you have for this elective? _________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

What areas of integrative medicine are of special interest to you? ______________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Will you be commuting or will you stay in SF? ______________________________

The Osher Center’s Integrative Medicine Elective consists of one half-day clinic session per week. Will you be doing any other training or electives during this time? □Yes / □No

If yes, please describe: ___________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Is there anything else you would want us to know about your participation in this elective? (please feel free use back of form, if necessary) _________________________________

_____________________________________________________________________

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