

**NEUROSCIENCE CLERKSHIP  
SITE PREFERENCES AND INFORMATION FORM**

All students must complete four weeks of clinical neuroscience training prior to graduation. This form contains information that will allow you to select preferences for your neuroscience sites and specialties. **Preferences must be received at least two months before the rotation start date.**

**Student Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Year: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**For on-site security/computer access:**

Last **5 digits** of GW ID#\*: \_ \_ \_ \_ \_

\*Visiting students should use the last 5 digits of their social security numbers

Address: \_\_\_\_\_

\_\_\_\_\_

---

**ROTATION WEEKS:** Please indicate which weeks or dates you are scheduled to attend the Neurosciences Clerkship (refer to Year 4 calendar):

WEEKS (e.g. weeks 2-5): \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

Please indicate your preferences for placement from 1 to 11 (1 = highest preference).

\_\_\_\_\_ 4 wks adult neurology at GWUMC

\_\_\_\_\_ 4 wks pediatric neurology at CNMC

\_\_\_\_\_ 4 wks neurology at Washington Hospital Center

\_\_\_\_\_ 4 wks GWU adult neurosurgery

\_\_\_\_\_ 4 wks CNMC pediatric neurosurgery

\_\_\_\_\_ 2 wks GWU adult neurology/ 2 wks GWU adult neurosurgery

\_\_\_\_\_ 2 wks CNMC pediatric neurology/ 2 wks CNMC pediatric neurosurgery

\_\_\_\_\_ 2 wks VA neurology/ 2 wks GWU adult neurology

\_\_\_\_\_ 2 wks VA neurology/ 2 wks CNMC pediatric neurology

\_\_\_\_\_ Other combination: \_\_\_\_\_

\_\_\_\_\_ Other combination: \_\_\_\_\_

You can fax or e-mail (e-mail is preferable) this form to Susan Combs:

**Fax: (202) 476-5226, E-mail address: [scombs@cnmc.org](mailto:scombs@cnmc.org)**

Contact phone number is (202) 476-2654; Dr. Pearl's e-mail: [ppearl@cnmc.org](mailto:ppearl@cnmc.org)