

**2008 Summer Pre-ceptorship
New Jersey Chapter
American College of Physicians
Physician Application form
Due April 4, 2008**

The New Jersey Chapter is seeking physicians to volunteer their time and spend a four-week session with the state's medical students

Physician Name: _____

Office Address: _____

Phone: _____ Fax: _____

Office Contact Person: _____

Office Hours: Type of Practice:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

General Internal Medicine / Primary Care
Subspecialty / Referral

Type: _____

Mix: _____ % General Internal Medicine

_____ % Subspecialty

If you are off on a weekday, is there a colleague with whom the student can spend those days ? Yes No Name: _____

Please indicate the dates you are available:

5/19/08 – 6/13/08

6/16/08 – 7/11/08

7/14/08 – 8/08/08

Other 4 week block: _____

Please send all completed forms by either mail or via fax to:

John A. Walker, MD, FACP
UMDNJ – Robert Wood Johnson Medical School
Department of Medicine
PO Box 19, MEB 412
New Brunswick, NJ 08903
Phone: 732-235-4453 Fax: 732-235-6124