

**PHYSICIAN PARTICIPATION FORM for**  
**BIOMEDICAL ENGINEERING CLINICAL ROTATION**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

I will participate in the Clinical Rotation:      YES \_\_\_\_\_      NO \_\_\_\_\_

Contact Information	Phone: _____	Pager: _____	Email: _____
	Secretary/Assistant: _____		

I can provide a rotation on:

Place a ✓ beside dates you will participate	Start Date	# of Days	# of Students
	Tues, May 29		
	Wed, May 30		
	Thur, May 31		
	Fri, June 1		
	Mon, June 4		
	Tues, June 5		
	Wed, June 6		
	Thur, June 7		

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Return this form by Friday, March 16<sup>th</sup> to:**  
**Karen Watson, Department of Biomedical Engineering**

The form is also available for completion electronically at  
<http://www.sbes.vt.edu/documents/2007clinicalrotationphysicianparticipationform.pdf>  
 Complete and email to: [kwatson@wfubmc.edu](mailto:kwatson@wfubmc.edu)