

# Osher Center Integrative Medicine Elective Rotation Application

Please complete and send attention to Katrina Salangsang, Osher Center for Integrative Medicine UCSF Box 1726 San Francisco, CA 94143-1726 Fax: 415-353-7358 Email: [katrina.salangsang@ucsf.edu](mailto:katrina.salangsang@ucsf.edu)

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? \_\_\_\_\_

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\_\_\_\_\_

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What areas of integrative medicine are of special interest to you? \_\_\_\_\_

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\_\_\_\_\_

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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