

## PROSPECTIVE INSTITUTION INTEREST FORM

- **Medical Schools:** If your institution is interested in becoming a Home or Host, *please provide the requested information in the FOR MEDICAL SCHOOLS section.*
- **Hospitals or Health Systems:** If your institution is interested in becoming a Host, please *provide the requested information in the FOR HOSPITALS OR HEALTH SYSTEMS section.*

**Which of the following describes your institution or organization?**

Council of Teaching Hospitals (COH) Member Institution	
U.S. Teaching Hospital	
U.S. Medical School	MD
	COM
Medical School outside the U.S.	
Other - NGO etc.	

### FOR HOSPITALS OR HEALTH SYSTEMS

Institution Name:	
Location/Address:	
Institution Website Link:	
Visiting Student Website Link:	
Residency Programs Website Link (if applicable):	

**Contact Information**

Last/Family Name:	
First Name:	
Title/Position:	
Telephone:	
Email:	

**Do you anticipate hosting students from: (select all applicable):**

- U.S. only
  - MD
  - COM
- International only
- Both U.S. (MD/COM) & International

***Please list your currently Affiliated Medical Schools (MD, COM)***

Name	Location

***Please list the Elective offerings by the Specialty you anticipate offering through VSLO***

**FOR MEDICAL SCHOOLS**

**Are you interested in sending your students on elective rotations or receiving visiting students for elective rotations?**

We're interested in sending our students (Home)

We're interested in receiving visiting students (Host)

We're interested in sending and receiving students (Home/Host)

**If interested in becoming a Host institution, do you anticipate hosting students from (select applicable options):**

U.S.

MD

COM

International Schools

Both U.S. & International

**If interested in becoming a Home institution, do you anticipate sending your students to opportunities? (select one)**

U.S.

Globally

Both U.S. & Global

Institution Name:	
Location/Address:	
Medical School Link:	
Medical School Visiting Student Website Link:	

**Contact Information**

Last/Family Name:	
First Name:	
Title/Position:	
Telephone:	
Email:	

***Please indicate your current Affiliated Teaching Hospitals***

Name	Location