

Robert Ashmore, M.D.  
A.J. Brickler, M.D.  
Arthur Clements, M.D., Ph.D.  
David Dixon, D.O.  
Alexander Franz, M.D.



Andrea Friall, M.D.  
Kenneth McAlpine, M.D.  
Vikki McKinnie, M.D.  
Lori Rosenberg, M.D..  
Christopher Sundstrom, M.D.

1401 Centerville Road, Suite 202 • Tallahassee, FL 32308-4638 • 850-877-7241  
Toll Free 1-855-GO NFLWC (855-466-3592)

## Student/Observation Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Application Type:      Clinical Rotation range of dates or number of hours      On Call

Clinic Observation single date      Surgical Observation      Other: \_\_\_\_\_

I have already been in contact with a provider:      yes\*      no

*\*IF YES:*

Provider Name: \_\_\_\_\_

Is this a school/program requirement?      yes\*      no

*\*IF YES:*

School Name: \_\_\_\_\_ Program: \_\_\_\_\_

Number of hours required: \_\_\_\_\_ Date range: \_\_\_\_\_

### Days/Times Available:

| <u>Monday</u> | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> |
|---------------|----------------|------------------|-----------------|---------------|
|               |                |                  |                 |               |

E-mail or Fax back to Elizabeth Hyman:  
850-656-9473 (fax)  
ehyman@nflwc.com