

Liberty University College of Osteopathic Medicine

Affiliation Agreement Request Form
Office of Clinical Rotations

All fields are required; incomplete forms will not be accepted.

Student Information

Name _____ Liberty Student ID _____

I have checked the online Affiliation Agreement list on the LUCOM Clinical Education program, and the institution I am requesting is not listed. Also, I have verified the site is not a participating host on VSLO.

Yes No

Is this an HCA Facility?

Yes No *(If yes, please apply through Clinician Nexus.)*

Affiliation Information

Name of the Institution _____
(Please spell out complete name; no abbreviations)

Location of Site _____
(Address, City, State, Zip)

Institution Website _____
(copy and paste complete URL)

Medical Student Coordinator or FME Coordinator Information

Name of Coordinator _____

Email Address of Coordinator _____

Phone Number of Coordinator _____

Additional Information

Requested Specialty _____

Academic Year for Rotation (2023-24, 2024-25) _____

Proposed Start Date of Rotation _____

Email completed form to LUCOMAffiliations@liberty.edu