



# Family Care Associates – Student Request Form

Please complete the entire packet and send to Kayla Swank at [kswank@familycareassociates.com](mailto:kswank@familycareassociates.com)

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
(MD, APRN, Health Occ, etc.)

Phone: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Email: \_\_\_\_\_ Referred By: \_\_\_\_\_

School: \_\_\_\_\_

Type of rotation (pediatric, family medicine, women's health, etc): \_\_\_\_\_

**Dates Requested** From: \_\_\_\_\_ To: \_\_\_\_\_

Hours Needed \_\_\_\_\_

Please include a copy of the following up-to-date immunizations:

- Tdap (Mandatory)
- MMR – 2 doses (Mandatory)
- Hepatitis B series (Recommended)
- Seasonal Influenza (Mandatory)
- COVID 19 (Mandatory)

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