

Cover Page to Allied Health and Professional Student Application Packet

In order for us to understand where you are to be placed for your student rotation, the following information is requested:

Your Name (Last, First, Initial): _____

School you are earning credit for: _____

Program of study: _____

VA person who will be supervising you: _____

Your anticipated start date: _____

Your anticipated end date: _____

Your anticipated graduation date: _____

Date of latest TB skin test: _____

IMMUNIZATION RECORD must be attached.

If you were not U.S. born, we will need a photocopy of a citizenship document, i.e., Visa, resident alien card, passport, etc., showing you are legal to be in this country for this period of time.

Please add this page to the top of the application packet you are submitting to:

Marlene Jamieson
Education Division (P3EDUC)
VA Medical Center
PO Box 1034
Portland, OR 97207

If you have any questions, please feel free to call me at (503) 220-8262 x 54747, or email marlene.jamieson@va.gov.

Failure to include this page could delay processing of your application.