EDUCATION CONTRACT

Name: ______________________________________________________

In what specialties are you interested?:
________________________________________________________________
________________________________________________________________

GOALS

Please write five goals to accomplish during the Family Medicine rotation:

1. ___________________________________________________________
2. ___________________________________________________________
3. ___________________________________________________________
4. ___________________________________________________________
5. ___________________________________________________________

Please describe any other items you would like to focus on while rotating through Family Medicine.
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Preceptor Signature: ___________________________ Date: __/__/____

Student Signature: ___________________________ Date: __/__/____