Shadowing/Externship Request Form

Thanks for your interest in our clinic! Pardon the formality but with a large number of students and residents interested in our clinic, we want to be sure we give everyone access to our doctors in a fair and organized way. At this time we only allow students in our Manchester clinic. Please email the following form to info@ctnaturalhealth.com or fax it to (866)603-4163. Attention: Student Requests. Thank you! We look forward to hosting you!

Who?
Name: ____________________________________________________  Date: _____________________
Phone: ___________________________ Email: ________________________________________

What?
Interested in the following:
[ ] Naturopathic Medicine
[ ] Osteopathic Medicine
[ ] Acupuncture
[ ] Other: ____________________________________________

When?
What Dates are you looking to join us? __________________________________________________
(Please include specific dates as well as days of the week)
How many hours are you looking to spend? __________________________________

Where?
What school/program are you in? _____________________________________________________
Do they have any specific requirements? If so, what? ______________________________________
Are you covered under their malpractice or other liability insurance?  Y  N

Why?
Please share a little bit about your reason for interest in this clinic or any other pertinent information.
___________________________________________________________________________________
___________________________________________________________________________________