



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.
