

3 O H D V H V H O H F W V W X G H C

Auburn  Carolinas  Louisiana  Virginia

Printed Student Name:

StartDate:

The below performance ratings are designed to evaluate a student engaged in their 1st year of clinical rotations which corresponds to their first year of full time clinical training.

Unacceptable ~~±~~ performs below the expected standards for the first year of clinical training (OMS3) despite feedback and direction

Below expectations ~~±~~ performs below expectations for the first year of clinical training (OMS3). Responds to feedback and direction but ~~st~~ requires maximal supervision, and continual prompting and direction. ~~Place an~~ check in the appropriate

Clinical skills and Procedure Log Documentation

Preceptor has reviewed and discussed the 9 / 0 6 LOG (Clinical Experience) for this rotation. This is mandatory for passing the rotation for OMS 3. Yes  No

4. Identifies indications for & applies findings from the most common radiographic and diagnostic tests.						
5. Identifies correct management plan considering contraindications & interactions.						

Area of Evaluation ±Clinical Skills

3. Assures professionalism in relationships with patients, staff, & peers.						
4. Displays integrity & honesty in medical ability and documentation.						
5. Is well prepared for and seeks to provide high quality patient care.						
6. Identifies the importance to care for underserved populations in a non judgmental & altruistic manner.						

&RPPHQWV 3OHDVH QRWH WKDW SUHFHSWRU FRPPHQWV PD\ E

Please identify the areas where the student has shown the greatest strengths.

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Please Print:

First Name:

Last Name:

Name of Practice or Hospital:

Region:

Main Address:

City:

State:

Zip Code:

Email:

Phone:

Please indicate:

D.O.

M.D.

AOA number if DO:

Preceptor Signature:

Date:

*By typing my name above, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.*

**\*\*Please submit your completed student evaluation within 1 week of the conclusion of the rotation.**

<RX FDQ FRPSOHWH WKLV IRUP HLWKHU E\ W\SLQJ GLUHFWO\ RQ W  
URP SOHWKLV IRUP HLWKHU E\ W\SLQJ GLUHFWO\ RQ W  
UHVSRQVHV DQG VHQGLQJ D FRS\ WR WKH DSSURSUL  
If you need password assistance, contact your VCOM Site Coordinator.

Carolina Campus

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