SPECIAL CONSIDERATION BASE HOSPITAL REQUEST FORM

Name___________________________________________________

Telephone Number________________________________________

Base Hospital Requested____________________________________

Schedule Meeting with the Committee _________YES   __________NO

This form (along with your documentation) will be used in reviewing your reason(s) for
the requested base hospital. The Base Hospital Special Consideration Committee will
review only those requests that meet the criteria. The request will be carefully
reviewed but there are no guarantees that each request will be approved.

The Base Hospital Special Consideration Committee will consider the request for a base
hospital only if the base hospital is nearest the location the student indicates he/she must
live.

Documentation is required and ALL information must be submitted with the
application. Committee decisions are based on information available during the
meeting. Please submit eight (8) copies of all information. DO NOT STAPLE.

Below is a list of the three criteria used for determining special consideration. Read each
criteria carefully and select the one that fits your situation.

Type I

___Student, spouse or children with physical (illness/disability) or mental illness
(disability) in need of health facilities or special services unique to a particular
community and which cannot be duplicated elsewhere.

___Student or spouse is the principal caregiver/support person for a family member with
a physical or mental illness.

Provide the information requested below as it pertains to family member(s) other than
you.

Spouse Name_____________________________________________

Family Member/Relationship___________________________________
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<th>Children:</th>
<th>Name</th>
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**Explain in detail**, why this base hospital meets the criteria including the nature of the situation and the impact it will have on your placement at the requested location.

Following are examples of documentation that may be submitted with the request.

**This list is not conclusive and other forms of documentation in support of the special consideration request may be submitted**:

- Letter from the patient's physician verifying illness, treatment plan, and impact of relocation of the patient.
- Letter from a social worker, psychologist or psychiatrist documenting illness and the impact of change in environment.
- Copy of marriage license.
- Copy of birth certificate(s).
- Letter of power of attorney validating caregiver status.
- Letter from school principal documenting program(s) the child/children are enrolled in and describing the effect of relocation on the progress of the child/children

**Type II**

___Student is actively participating in a research project based at Michigan State University, at a hospital or at an ambulatory care site(s). The student must be the lead investigator (principal investigator) or a co-investigator on a research project that began before the clerkship and will be carried out during the clerkship period.

A student who requests base hospital special consideration under Type II criteria must provide the following materials and any other materials that the student may judge useful for the Base Hospital Special Consideration Committee in making a decision:

- A description of the research project (one page or less single spaced).
♦ A detailed description of the student’s role in the research project to date. A detailed 
description of how the student’s participation in the project will enhance the project and 
benefit the student if the assignment is made to the requested base hospital. The number 
of hours the student expects to participate in the project per week.

♦ A letter from the faculty sponsor or principal investigator of the research project 
detailing the student’s role in the project and the advantage to the project and to the 
student of being assigned to the base hospital requested.

♦ The source of funding for the project and what funds if any, the student will receive for 
his/her participation in the project.

♦ A letter from the Associate Dean for Research in the College of Osteopathic Medicine 
supporting the student’s request for a specific base hospital based upon the student’s 
potential contribution to the project, the value of the project, etc.

**Type III**

___Students in the D.O./PhD Program are allowed to select a base hospital that prepares 
them to make residency and fellowship choices that complement their research trajectory.

Must submit the following documentation to the Base Hospital Special Consideration 
Committee:

♦ A letter from the student stating reasons why a specific base hospital will enhance the 
student's training as a D.O./PhD. student and how the assignment will benefit the 
student's research and career goals.

♦ A letter from the Associate Dean for Research in the College of Osteopathic Medicine 
supporting the student's base hospital request and documenting the link to the D.O./PhD. 
students' research interest and career focus.

All of these materials must be submitted with the request.

**Please return Eight (8) copies of this form and all documentation (Do 
Not Staple) by April 30, 2013 to:**

Evita Gilbert  
Academic Program Office  
A331 East Fee Hall