

FAMILY MEDICINE 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: __ __ / __ __ / __ __