



Educational Opportunities Application

We must have this form back in the Division of Education a minimum of 30 business days prior to your experience.

Name (print) _____
First name Middle initial Last name

Address _____

City _____ State _____ ZIP _____ Country _____

Home phone (_____) _____ Cell phone (_____) _____

Date of birth ____ / ____ / ____ E-mail address _____

School Information

School _____ Program _____

School address _____

City _____ State _____ ZIP _____ Country _____

School contact _____ Phone _____

E-mail address _____

Rotation Requesting

Department requesting _____ Dates _____

Center _____

Department requesting _____ Dates _____

Center _____

Department requesting _____ Dates _____

Center _____

Residency Information (If Applicable)

Are you interested in applying to the Marshfield Clinic/Saint Joseph's Hospital Residency Program:

Yes No Not sure

If yes, what programs: Dermatology Pediatrics Internal Medicine/Pediatrics
 Internal Medicine General Surgery Transitional Year

Division of Education Contact Information

Questions, call 1-800-541-2895. Forward the completed report and any additional information using one of the following routes:

Fax information to 715-847-3811 Email information to studentprograms@marshfieldclinic.org

Mail information to: **Central District** – Student Programs – 2R6, 1000 North Oak Avenue, Marshfield, WI 54449
East District – Student Programs – WAU, 2727 Plaza Drive, Wausau, WI 54401
North District – Student Programs, P.O. Box 1390, Minocqua, WI 54548
Northwest District – Student Programs, 1700 West Stout Street, Rice Lake, WI 54868
West District – Student Programs, 2116 Craig Road, Eau Claire, WI 54701