Brown University—Medicine In Action Program (MIAP)

Physician Participation Form

☐ I would like to participate in the program. ☐ Alpert Medical School Alumni Class of _________________
☐ Faculty Appointment ______________________________

SHADOWING

☐ I am willing to host undergraduate PLME students and/or Brown medical students.

Name __________________________________________ Specialty ______________________________
(Please print. Thank you!)

Office or hospital address--street/no. ______________________________________________________________

City _________________________________________ State ___________________ Zip _________

Office telephone (_____) ___________________________ Email _________________________________

Location of student visit (please check one) ☐ Office ☐ Hospital ☐ Both

I am willing to sponsor a student(s) for a visit during (check all that apply):

☐ Winter break (Mid Dec–End Jan)
☐ Spring break (End Mar–Begin Apr)
☐ Summer break (June–August)
☐ During the semester

PLEASE EMAIL to Hilary_Sweigart@Brown.edu