

CLINICAL ROTATION SITE REQUEST



Date: _____

Name: _____ Phone: _____

Address: _____

Email: _____

Name of School: _____

Address: _____

Administrative Contact Name: _____ Phone: _____

Address: _____

Email: _____

Program

- | | |
|--|---|
| <input type="checkbox"/> CRNA | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Master's Prepared Nurse | <input type="checkbox"/> Registered Nurse (ADN/BSN) |
| <input type="checkbox"/> Medical Lab Tech or Lab Tech (AD or BS) | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Medical Student | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Occupational Therapy | |

Projected Dates of Rotation: _____ to _____

Number of hours/week desired: _____ Number of completion hours required: _____

Practice Setting Desired:

- | | |
|---|---|
| <input type="checkbox"/> Hospitalist | <input type="checkbox"/> Outpatient/Urgent Care |
| <input type="checkbox"/> Homecare/Hospice | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Inpatient/Acute Care | |

Responsibilities of Preceptor (attach copy of syllabus with completed form) _____

Minimum Qualifications of Preceptor Required: _____

Has a preceptor already agreed to accept student? Yes No

If Yes, Name of Preceptor _____ Phone: _____

Email: _____

Student Experience Desired:

- | | |
|---|--|
| <input type="checkbox"/> Documentation in EMR, | <input type="checkbox"/> Physical exams |
| <input type="checkbox"/> Assist with/perform clinical procedure | <input type="checkbox"/> Use of equipment |
| <input type="checkbox"/> Rounds | <input type="checkbox"/> Assist in surgery |
| <input type="checkbox"/> Medical histories | <input type="checkbox"/> Other: _____ |

Does the school have a current affiliation agreement with BRMH? Yes No Unknown