

Clinical Rotation - Optional

School: _____ Clinical Coordinator _____

Clinical Instructor _____ Course _____ Month _____ Year _____

Units/Departments Utilized _____

Document the month, date and unit location of each student in the spaces provided.

| Student's Name | Student's Phone | Dates | 6/2/08 | 6/9/08 | 6/16/08 | 6/23/08 | 6/30/08 | 7/4/08 | 7/14/08 | 7/21/08 | 7/28/08 | | | | | |
|----------------|-----------------|----------------|--------|--------|---------|---------|---------|--------|---------|---------|---------|----|----|----|----|----|
| Suzy Nurse | 555-4554 | Clinical Units | 4W | OR | 4W | 4W | 4W | 4W | 4W | 4W | 4W | 4W | 4W | 4W | 4W | 4W |
| | | Clinical Units | | | | | | | | | | | | | | |
| | | Clinical Units | | | | | | | | | | | | | | |
| | | Clinical Units | | | | | | | | | | | | | | |
| | | Clinical Units | | | | | | | | | | | | | | |
| | | Clinical Units | | | | | | | | | | | | | | |
| | | Clinical Units | | | | | | | | | | | | | | |
| | | Clinical Units | | | | | | | | | | | | | | |
| | | Clinical Units | | | | | | | | | | | | | | |
| | | Clinical Units | | | | | | | | | | | | | | |
| | | Clinical Units | | | | | | | | | | | | | | |

Submission instructions:

Save document and click the facility name below to submit via email.

MOBILE INFIRMARY or LTACH THOMAS HOSPITAL NORTH BALDWIN INFIRMARY