Student Rotation Request

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| Student/Observer Name Dates of Requested Rotation/Observation |
| Student Address, City, State, Zip Code Student Phone Number |
| Affiliated School Type of Rotation Student is Requesting |
| WILL THIS STUDENT REQUIRE EPIC ACCESS (IFYES, EPIC TRAINING WILL BE REQUIRED)? **YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_** **INPATIENT/OUTPATIENT (PLEASE CIRCLE)** |

Preceptor Responsibility

* All preceptors are responsible for coordinating experiences with the learner.
* The preceptor agrees to supervision of the learner at all times.
* The preceptor agrees to fulfill all requests or requirements of the learner’s institutional requirements (if any).
* The preceptor will, to the best of their ability, facilitate experiences to meet learner objectives.
* The preceptor will read and sign the preceptor responsibilities form prior to the start date of the Rotation/observation experience.

**I have read and understand the above.**

Practice Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

For Additional Information Contact:

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