



CLINICAL ROTATION STUDENT APPLICATION

Please check one: _____ Nurse Practitioner _____ Phys Assist _____ CNM _____ Medical Student

First Name _____ Last Name _____ Middle _____

Current Address

Street _____ Apt./Suite# _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Are you an employee of Bothwell Regional Health Center (hospital or clinics)? Yes No

If yes, which department: _____

School Information

Name of School _____

School Contact person _____

Phone number _____ Email address _____

Clinical Rotation Requests

	Dates of Rotation Request	Specialty Requested	Total Hours per rotation
1			
2			
3			
4			

Other Comments about rotations requested:

PLEASE SUBMIT A CURRENT **RESUME/CURRICULUM VITAE** WITH THIS APPLICATION.

Your application will be considered by the administrative office and once your request has been approved by administration and the preceptor requested are available, we will notify you. Please Note: This process takes time depending on how early you have requested your rotation. Additionally due to the high number of requests and the limited staff available, rotations may not be available.