



**CLINICAL ROTATION APPLICATION**

Please check one: \_\_\_\_\_ Nurse Practitioner Student \_\_\_\_\_ PA student \_\_\_\_\_ Medical Student

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

**Current Address**

Street \_\_\_\_\_ Apt./Suite# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ (needed for FCSR)

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			

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.