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
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Submission instructions:
Save document and click the facility name below to submit via email.
MOBILE INFIRMARY or LTACH **THOMAS HOSPITAL** **NORTH BALDWIN INFIRMARY**