



CLINICAL PRECEPTOR-LED ROTATION APPLICATION

INSTRUCTIONS

1. Save PDF to your Desktop.
2. Fill out all information needed
3. Save the completed document
4. Create new email and attach your current CV/Resume
5. Send email to ADSSG@uhhg.org with the subject line "Non-Clinical Internship Application" or "Clinical Preceptor-Led Rotation Application"

STUDENT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

SCHOOL _____

MAJOR/PROGRAM _____ COURSE # _____ SECTION # _____ TERM _____ YEAR _____

CURRENT EMPLOYER _____ EST. GRADUATION DATE _____

FACULTY CONTACT INFORMATION

NAME _____

PHONE _____ EMAIL _____

CLINICAL PRECEPTOR-LED ROTATION REQUEST

CLINICAL ROTATION DATES FROM _____ TO _____

DAYS OF THE WEEK AVAILABLE _____ SHIFT AVAILABLE _____

SPECIALTY _____ TOTAL OF HOURS NEEDED _____

(IF MULTIPLE SPECIALITIES ARE NEEDED, PLEASE SAVE AND SUBMIT SEPARATE FORMS FOR EACH SPECIALTY)

PREFERRED PRECEPTOR (OPTIONAL) _____

STUDENT _____ DATE _____

(PLEASE PRINT)

Union Health System use only:

PRECEPTOR/PRACTICE MGR. _____ DATE _____

VOLUNTEER SERVICES COORDINATOR _____ DATE _____

APPROVED _____ YES _____ NO _____

For School use only:

Reviewed by _____ DATE _____

Approved as a clinical preceptor _____ YES _____ NO _____