

VA Roseburg Healthcare System Student Clinical Rotation Names List

TITLE OF COURSE:	TIME/DAYS OF CLINICAL ROTATION: START: _____ FINISH: _____ M TU W TH FRI
Total # Clinical Hours _____	DATES: From: _____ To: _____
NUMBER/LEVEL OF STUDENTS:	LOCATIONS:
Faculty/Instructor/Preceptor:	Phone #, Extension and Cell or Pager #

NAME OF SCHOOL:

LAST NAME, FIRST NAME	HOME PHONE #	SOCIAL SECURITY NUMBER	ASSIGNED UNIT	Expiration Date	List Immunizations
				BASIC LIFE SUPPORT PROVIDER	CURRENT IMMUNIZATIONS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

PRIVACY ACT STATEMENT: Collection of this information is authorized by Government Employees Training Act of 1958 (US Code, Title 5, Sections 4101 to 4118.) The primary use of this information is by Management and Human Resources management Service to record and code your completed training courses which will be place in your Official Personnel File (OPF). Furnishing your Social Security Number is voluntary, but failure to do so may result in your training course not being place in your OPF. 06/95.