Clinical Rotation Information Form

1. Instructor name:	2. Program/University:
Cell phone:	Course Title / Number:
Office phone:	Level of students:
Email:	Clinical Dates:

3. Student Roster:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

4. Clinical Rotation Learning Objectives:

1.
2.
3.
4.

5. Pre conference? Y / N time: Post conference? Y / N time:	6. Evening before hospital prep? Y / N