SHARP

STUDENT ROTATION FORM for GROUPS

Consortium #:	**SCHOOL:**
Course # and Title: **Level of Student:** **Type of Student:**	**Orientation day:**
	First clinical day on site
	Last clinical day
	Days of the week
	Shift:

CS	CU	BG	DS	Unit Orient	Annual Compliance

***Return this form at least one week prior to rotation starting to*: Claudia Bock**
via Email only: claudia.bock@sharp.com

Signature verifies that Instructor and students on this form have met all requirements of the SD Nursing Consortium as well as completed Sharp HealthCare's requirements including but not limited to, compliance and annual flu requirements. All required documents are to be kept in the school's student and faculty file. **Requirements are subject to audit for up to 6 years after graduation**.

School representative/Faculty signature: **Date:**

	FOR SHARP USE ONLY						
Student Names: Please type in alphabetical order	BG/DS	DNR	ACCT				