



STUDENT ROTATION FORM for PRECEPTORSHIPS

Consortium #:	SCHOOL:						
Course # and Title: Level of Student: Type of Student:							
	Date OK to start rotation:						
	Date hours must be done:						
	# of hours required for internship:						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align:center;">CS</td> <td style="width:5%; text-align:center;">CU</td> <td style="width:5%; text-align:center;">BG/</td> <td style="width:5%; text-align:center;">DS</td> <td style="width:25%; text-align:center;">Unit Orientation</td> <td style="width:50%; text-align:center;">Annual Compliance</td> </tr> </table>	CS	CU	BG/	DS	Unit Orientation	Annual Compliance	
CS	CU	BG/	DS	Unit Orientation	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 of the SD Nursing Consortium as well as completed all Sharp HealthCare 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:** _____

Student Name	Placement#	SITE	UNIT	For SHARP USE ONLY:						
				BG/DS	DNR	ACCT				