SHARP							
STUDENT ROTATIO	N FOR	M for <mark>GI</mark>	ROUPS				
Consortium #:		SCHOOL:					
Course # and Title: Level of Student: Type of Student:		Orientation	day:				
PLEASE LIST <i>ALL</i> Instructors who will be overseeing stude on site. The information below is needed for each	dents	First clinical day on site					
		Last clinical day					
Name: License # and Exp. Date Work Phone: Other Phone:	-	Days of the week					
Email address: Is the instructor a Sharp employeeYesNo SHARP USE ONLY: CS CU BG DS Unit Orient Annual Compliance		Shift:					
		Hospital: Unit:					
Return this form at least one week prior to rotation starting to: Lucy Simpson via Email only: Lucy.simpson@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:							
1 0							
Student Names: Please type in alphabetical order	FOR SHA BG/DS	ARP USE ONLY DNR					
Stadent Names. Fredse type in dipriductical order	כטוטט	DIVIC					