



STUDENT ROTATION FORM for PRECEPTORSHIPS

Consortium #:	SCHOOL:						
Course # and Title: Level of Student: Type of Student:							
PLEASE LIST ALL Instructors who will be overseeing students on site. The information below is needed for each	Date OK to start rotation:						
Instructor Name: License # and Exp. Date Work Phone: Other Phone: Email address:	Date hours must be done:						
Will Instructor be making site visits Yes _____ No _____ Is the Instructor a Sharp employee Yes _____ No _____	# of hours required for internship:						
For Sharp use only:							
<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:30%; text-align:center;">Unit Orientation</td> <td style="width:40%; text-align:center;">Annual Compliance</td> </tr> </table>	CS	CU	BG/	DS	Unit Orientation	Annual Compliance	
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***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 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				