



## STUDENT ROTATION FILE CHECKLIST - For Faculty

School Name: \_\_\_\_\_ Program/Discipline: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Clinical Rotation Areas/Units: \_\_\_\_\_

Student Rotation: Individual \_\_\_\_\_ Group \_\_\_\_\_

Student Rotation Required Documents & Information	Received
Current Student Affiliation Agreement	
Clinical Rotation/internship Program Objectives	
Rotation/Internship Dates (Days & Times)	
Proof of immunizations and health status for each student	
Proof of completed background check	
Proof of negative drug test	
Certificates of Completion for Online Orientation Modules	
Confidentiality Agreement Acknowledgement	
Signed Code of Conduct	
Proof of CPR (if applicable)	
Copy of Clinical Instructor's Professional License	

### School Program Director/Manager Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Note to Instructors: Please notify your students that certificates of completion for the Student Online Orientation modules need to be submitted to the instructor to be filed with the students' records.