

**CHRISTIANA CARE  
Allied Health Education**

**ROTATION INFORMATION SHEET**

**REQUIRED INFORMATION FOR ALL STUDENTS:**

Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip:
Email Address:		Social Security No:
Home or Cell Phone:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Emergency Contact Name:	Relationship:	Phone Number:

**Hospital/Outpatient Facility & Department where rotation will occur (i.e., Christiana/PT Dept.):**  
*JDG student participants will complete a 2-month rotation in each of the following areas: Pharmacy, Clinical Engineering, Community Health Services, Physical, Occupational, and Speech Therapy.*

<b>Rotation Start Date:</b> <i>October 2018</i>	<b>Rotation End Date:</b> <i>May 2019</i>
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**Who at CCHS approved this rotation:**  
*For additional information regarding student placement within the Christiana system, please contact Dana Beckton.*

Name of Student's School:	Graduation Date:
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Program of Study:

Have you done a rotation at Christiana Care before? No  Yes  When?

Will you be doing other rotations at Christiana Care? No  Not Sure  Yes  When?

**OFFICE USE ONLY –**

Computer Access Requested \_\_\_\_\_ Initial Password \_\_\_\_\_ Badge ID \_\_\_\_\_

Confidentiality Agreement \_\_\_\_\_ Visiting Student Policy \_\_\_\_\_ Non-Employee Post-Test \_\_\_\_\_

Adult Abuse Registry checked with no findings \_\_\_\_\_