

Robert J Dole VAMC
Student Clinical Rotation Information Form/Checklist

Last, First MI and Gender	University/School	Program	Social Security Number	Date of Birth	Clinical Start/End Date and Total Hours Needed	Phone Number	Email Address

Instructions:

Please fill out this form electronically, if unable to do so then you may print and fill in areas. If you are filling in required information by hand please ensure that all information is legible. Once all items are complete send this document via mail, email, or fax along with all other forms. All information is required to in-process you as a student. All information contained within this document and all other required documents are kept secure and the information will not be used for any purposes other than for your clinical rotation.

- Contacted Department of Education Affiliations Coordinator. (316) 685-2221 ext. 57905
- Scheduled appointment for fingerprinting with Human Resources. (316) 685-2221 ext. 53272 or (316) 651-3625
- Fingerprinting Completed. Date Completed: (_ / _ / _)
- Currently have Clinical Preceptor (Clinical Preceptor's Name: (_____))
- Currently do not have Clinical Preceptor
- Without Compensation Form (WOC) Completed (Type in required information, information needed highlighted in red)
- Student Safety/Policy Orientation Checklist Completed (Print, check boxes, and sign)
- CPRS Training Modules Completed (If you will be accessing patient medical records)
- VHA Mandatory Training for Trainees Completed (Print Certificate of Completion)
- Orientation Scheduled with Affiliations Coordinator. Date Scheduled: (_ / _ / _)
- All forms filled out and sent to Affiliation Coordinator. Date Sent: (_ / _ / _)

Sent via: Fax Email Mail