PVAMC - Student Nurse Clinical Rotation Names List

NAME OF SCHOOL:

TITLE OF COURSE:		Total # Clinical Hours_____: Date(s) From: _____ To: _____	
NUMBER / LEVEL OF STUDENTS:		LOCATION (S):	
FACULTY/INSTRUCTOR:	Email:	Phone:	pgr
FACULTY/INSTRUCTOR:	Email:	Phone:	pgr

NAME(s): (LAST, FIRST)	PRIMARY PHONE #	SOCIAL SECURITY	UNIT ASSIGNED	CPR √ If 'current'	IMMUNIZATIONS √ If 'current'	Anticipated Graduation Mo/Yr

PRIVACY ACT STATEMENT: Collection of this information is authorized by Government Employees Training Act of 1958 (US Code, Title 5, Sections 4101 to 4118). The primary use of this information is by Management and Human Resources Management Service to record and code your completed training courses which will be placed in your Official Personnel Folder (OPF). Furnishing your Social Security Number is voluntary, but failure to do so may result in your training course not being placed in your OPF. 06/95.