

UA & UAB Clinical Rotation Request Form

PLEASE DO NOT PUT MORE THAN ONE GROUP PER FORM

School: _____ Year: _____ Qtr: _____ Level of Student: _____

Faculty Member & Phone: _____

Faculty Member email address: _____

Instructor on Unit & Phone: _____

Instructor on unit email address: _____

(If instructor is new, please list dates for their orientation prior to clinicals) _____

Date Clinicals Begin: _____ Date Clinicals End: _____

Unit(s) Requested: _____

Days of Week & Hours Requested for Time on Units: 1st Choice: _____

2nd Choice: _____

HOSPITAL ORIENTATION REQUESTED

	Month	Day – Date	Time	Total Number of Students
Day 1				
Day 2 (if needed)				

LOCATION

At Brookwood	Or At Which Campus

Attach the following to this Request:

- Clinical Experience Objectives
- Evidence of CPR certification *
- Student List/schedule
- Exhibit A & B forms for Each Student
- Exhibit C- Background Information Sheet & Authorization Form (If Brookwood is to do the screen) *
- Phys Exam, TB test *
- Rubella & measles immunity, drug screen *
- List of all of students FN, MI, LN, DOB, SSN
- Complete Tenet HIPAA training at the site below:
<http://www.tenethealth.com/about/pages/InformationPrivacySecurityandHIPAATraining.aspx>. Print certificate of completion and give to instructor to keep on file at school.
 * School can submit letter that these documents are on file.

Send Completed Forms and Attachments To:

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 Director Education
 Brookwood Medical Center
 2010 Brookwood Medical Center Drive
 Education Dept.
 Birmingham, Alabama 35209
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 julie.smith@tenethealth.com

Please turn in requests by July 15 for next school year. Six weeks prior to first day of rotation for other requests.

