Have one of these surveys completed by each hospital or clinic utilized for clinical rotations.

Name of Institution:

Address of Institution:

CAO:      Phone:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rotation | Annual Visits/Shifts | Students Per Shift | Average number Shifts For a Student | Hours/Shift |
| Emergency Dept. |       |       |       |       |
| Operating Room |       |       |       |       |
| CCU/ICU |       |       |       |       |
| Pediatrics |       |       |       |       |
| Psychiatry |       |       |       |       |
| Obstetrics |       |       |       |       |
| Trauma |       |       |       |       |

|  |  |
| --- | --- |
| Are there signed affiliation agreements with this institution?  | [ ] Yes [ ] No |
| Who Supervises the students?  | [ ] Hospital Personal [ ] Program Staff |
| Are there written policies as to what a student may do in each area?  | [ ] Yes [ ] No |
| Are hours the preceptors formally trained? If yes, how many hours? | [ ] Yes [ ] No      |

CAO or Designate Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_