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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_