

Student Nurse Clinical Rotation Checklist

(For instructor use only; checklist does not need to be sent to Infirmiry Health System facility contact person)

Dates of clinical rotation: _____

Day(s) of the week: _____

School/University: _____

Program coordinator: _____

Instructor(s): _____

Unit(s): _____

All Required Paperwork (must be completed and turned in to the Infirmiry Health System contact person prior to obtaining appointment to get name badges and parking decals).

_____ 1. Infirmiry Health System Student Information Form (Excel spreadsheet)

_____ 2. I Heard/Read and I Understood one form for each student in clinical group/one form for instructor

_____ 3. Instructor Compliance Statement

_____ 4. Clinical Rotation Schedule

_____ 5. Infirmiry Health System Clinical Form

