

**DAVID GRANT USAF MEDICAL CENTER
NURSING ROTATION REQUEST FORM**

Requests must be received by 60 MDG/SGT no later than 60 days prior to the start date of the rotation. If we do not have a training affiliation agreement, it may take an additional 120 days. If you have questions you may email the clerkship organization box: 60mdg.sgt.clerkship@us.af.mil or phone the clerkship coordinator at (707) 423-7950. Forms must have original signatures.

Part I. Student Request

TO: Preceptor

Department: _____ Preceptor: _____

Rotation: _____ Start Date: _____ End Date: _____

Student's Name: _____

Home Address: _____

Social Security # _____ D.O.B: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-mail Address: _____

School: _____

(Student Signature)

(Date)

PART II. Preceptor Endorsement

TO: Student

The above rotation is approved.

(Preceptor Approval) (Date)

PART III. Nurse Manager Endorsement

TO: Preceptor

The above preceptor is approved.

(Nurse Manager approve/disapprove) (Date)

PART IV. School Endorsement

TO: Director of Medical Education
60 MDG/SGT
101 BODIN CIRCLE
TRAVIS AFB, CA 94535

The above rotation and preceptor meet our program requirements.

(Authorized School Representative) (Date)

PART V. Chief Nurse Endorsement

TO: Director of Medical Education
60 MDG/SGT
101 BODIN CIRCLE
TRAVIS AFB, CA 94535

Approve/Disapprove the above preceptor and rotation.

(Chief Nurse Executive) (Date)