



Addendum A: Request for Clinical Rotation
Date ____

Before submission of this form, verify that a current contract is on file.

Name of School: _____		Program: _____	
Contact Person: _____			
Contact Number: _____			
Department Requested	Dates of clinical rotation	Number of Students	Hours in Clinical (ex. 0700-1900)
1 st Choice: _____	From ____ / ____ / ____ To ____ / ____ / ____		
2 nd Choice: _____	Student Breaks (Ex: Spring Break dates) From ____ / ____ / ____ To ____ / ____ / ____		
Day(s) of Clinical (check all that apply) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Type of experience: <input type="checkbox"/> Observation <input type="checkbox"/> Clinical Rotation <input type="checkbox"/> Practicum			
<i>For HCA Facility Use Only</i>			
Requested Department :		Clinical Dates:	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Comment:			
Signature: _____		Date: _____	

Please submit completed form at least 30 days prior to start of clinical to:

LewisGale Hospital at Alleghany	LewisGale Medical Center	LewisGale Hospital at Montgomery	LewisGale Hospital at Pulaski
1 Alleghany Regional Hospital Lane P.O. Box 7 Low Moor, Virginia 24457-0007 Phone: 540.862.6011	Education Department 1900 Electric Road Salem, Virginia 24153 Phone: 540.776-4149 Fax Number: 540.776-4879	P.O. Box 90004 Blacksburg, Virginia 24062-90004 Phone: 540.951-1111	P.O. Box 759 Pulaski, Virginia 24301 Phone: 540.994.8100