CentraCare

STUDENT ROTATION APPLICATION

APPLICANT, PLEASE COMPLETE ALL RESPONSES

Name: _____ Date: _____
First MI Last

Address: _____City, State, Zip:_____

Date of Birth: _____ Sex: Male Female U.S.A. Citizen: Yes No

Applicant's Phone #: _____ Applicant's preferred e-mail address _____

Local emergency contact: _____
Name Phone # Relationship to Applicant

Year in school for this rotation: _____ (High School, High School Graduate, Undergrad/Graduate)

Expected date of graduation:_____

Current Program: _____

Educational Experience:

High School (name/city/state): _____Undergraduate (name/city/state): _____

Previous Health Care Experience: _____

Credentials (if any): _____

Desired Rotation:_____

Preferred dates and times that work for your schedule?_____

_____

Dates and times of absolute conflicts? _____

What draws your interest in working in rural healthcare? _____

_____

_____

Have you had experience with the Epic electronic medical record system? Yes No NA
If yes, when did you last use Epic (date) _____

Which applications or in what work environment did you use Epic?
☐ Clinic ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ ER ☐ Surgery ☐ OTHER

All communication regarding possible rotations/questions must be between "school/applicant" and:

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