



CAPE FEAR VALLEY®

# Clinical Student/Instructor Roster

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

Clinical Rotation and/or Internship Dates: Begins: \_\_\_\_\_ Ends: \_\_\_\_\_

CFVH Preceptor/Mentor's Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Clinical Rotation over 160 hours? Yes  No  Confirmed Rotation # \_\_\_\_\_

	Returning Student <i>If yes, last rotation date</i>	Print Student Name		Last 5 Digits SS#	Assigned Badge #	Date of Birth (format: mm/dd/yy)
		Last Name	First Name			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**The signature below verifies** that before a clinical or non-clinical rotation/internship can begin and to obtain an ID badge **ALL** students and instructors must be **CLEARED** in Rotation Manager **two weeks** before the rotation start date.

### School's Instructor/Representative:

Name (*print*): \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

**\*\*Contact Ellie Houghton [EHoughton@capefearvalley.com](mailto:EHoughton@capefearvalley.com) Office: (910) 615-6673\*\***