



## Providence Alaska Learning Institute Student Rotation Requests

*This form is only for students who have not been accepted for a rotation and will need a department and preceptor assigned. If you have a student who has already been accepted for a rotation, please reach out to our Student Services Coordinator for onboarding requirements.*

Does your school/university/organization have an active Clinical Education Agreement with Providence Health & Services Alaska?      Yes      No

**Organization Type**      High School      University      Other (*business, hospital, etc.*) \_\_\_\_\_

**Organization Name** \_\_\_\_\_

### Organization Coordinator Contact Information

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_

### Student(s) Information *If you have more than one student, please list all students requesting rotations*

<i>First and Last Name</i>	<i>Degree/Program</i>
_____	_____
_____	_____
_____	_____
_____	_____

### Facility you are requesting for the rotation

Providence Alaska Medical Center (PAMC)	Valdez
St. Elias	Kodiak
PEC/PTCC	Other Anchorage Area: _____
Seward	_____

Do you have a specific department/unit you are requesting?      Yes      No

*If yes, please list:* \_\_\_\_\_