

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*

First and Last Name

Degree/Program

_____	_____
_____	_____
_____	_____
_____	_____

Facility you are requesting for the rotation

Providence Alaska Medical Center (PAMC)
St. Elias
PEC/PTCC
Seward

Valdez
Kodiak
Other Anchorage Area: _____

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

If yes, please list: _____