

"Respecting People and Culture"

Last Name	First Name		Middle Initial	
Level of academic year:				
Contact information:				
Address	City		State	Zip
Home Phone/Cell#		Email address		
School/Institution:				
Contact information: Clinical Coordinator				
Address	City		State	Zip
Phone/Fax		Email address		
I am requesting clinical rotation for the following	lowing			
Specialty/Discipline:				
Please provide dates and hours needed to complete Date of rotation: From To Hours Date of rotation: From To Hours Date of rotation: From To Hours				
Have you ever completed a clinical rotation with GRHC? ☐ Yes ☐ No when ☐ Current immunizations? (please see attached requirements) ☐ Yes ☐ No ☐ Yes ☐ Yes ☐ No ☐ Yes ☐				
Comments:				
Complete and return this form to:				

Jennifer Harvey, Medical Staff Coordinator Phone (602) 528-1200 ext. 1193

Fax (602) 528-1240 Email: jharvey@grhc.org