



# Clinical Rotation Application Physical Therapy Students

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Program: \_\_\_\_\_

Faculty Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Is student a current or former Kadlec or Providence employee or student?  Yes  No Department: \_\_\_\_\_

Has student participated in another Kadlec student program?  Yes  No Program: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Number and Type of Affiliations completed prior to requested placement: \_\_\_\_\_

Desired Date(s) for Placement: \_\_\_\_\_

Desired Rotation(s):

Inpatient:

Rehabilitation

Acute/Intensive Care

Acute Care

Acute/Surgical Care

Outpatient:

Pediatrics

Neurologic

Lymphedema

Orthopedics

Pelvic Floor

Please list student's strengths and areas of growth noted in course work:

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