



Choosing Health

Northeastern Vermont Regional Hospital

Thank you for your interest in Northeastern Vermont Regional Hospital as a site for your student clinical / non-clinical learning experience. The training of students of medicine, allied health, and nursing professions in a community setting plays an important role in your future as well as ours.

Please complete the **NVRH Student Rotation Request Form** to begin the process. Once your rotation request is approved, we will send you the on boarding documents.

NVRH Student Rotation Request Form

Student:

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____ Phone Number: _____

Date of Birth: _____ (Month, Day, Year) Secondary Phone: _____

Name of School: _____

Course of Study-PLEASE CIRCLE ONE:(i.e. Nursing, Radiology Technician, CRNA, PA, NP, MD) Other: _____

Department: _____ Preceptor: _____

Rotation Dates (agreed upon with preceptor): _____

Emergency Contact:

Name: _____ Relationship: _____

Primary Phone Number: _____ Secondary Phone: _____

Approvals Required:

Human Resources Director: _____ Date: _____

Notes (For HR Usage):