



Clinical Rotation Application Occupational Therapy Students

Last Name: _____ First Name: _____ MI: _____

Email: _____ Phone #: _____

School: _____ Program: _____

Faculty Contact: _____ Email: _____

Affiliation: Level 1 Level 2 _____ Anticipated Graduation Date: _____

Is student a current or former Kadlec employee? Yes No Department: _____

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

Desired Rotation(s):
 Inpatient Outpatient Pediatrics Adults
 Acute Inpatient Rehabilitation Physical Disabilities

Desired Date(s) for Placement: _____

Number and Type of Affiliations completed prior to requested placement: _____

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