

# WRC ROTATION REQUEST FORM

LEARNER INFORMATION																													
Learner Last Name:	Learner First Name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Student ID #:																										
Program:	Level:	Academic Home Base:																											
Learner Address:		Class of:																											
Learner Home Phone Number:	Learner Mobile Phone Number:	Email:																											
ROTATION INFORMATION																													
*Rotation Specialty:	Rotation Type: Core <input type="checkbox"/> Selective <input type="checkbox"/> Elective <input type="checkbox"/>	FOR OFFICE USE: Dates Confirmed for Start: <input type="checkbox"/> Date: _____ By: _____ Dates Confirmed after Rotation: <input type="checkbox"/> Date: _____ By: _____ Preceptor(s) Confirmed for Start: <input type="checkbox"/> Date: _____ By: _____ Preceptor(s) Confirmed after Rotation: <input type="checkbox"/> Date: _____ By: _____																											
Rotation Start Date:	Rotation End Date:																												
Rotation prearranged: <input type="checkbox"/> Yes    Prearranged by: _____	<input type="checkbox"/> No																												
Preceptor Name:	Preceptor Address:																												
Additional Preceptor(s):																													
Preceptor Phone:	Preceptor Fax:	Preceptor Mobile #:																											
*Additional Rotation Specialty (e.g. Selective added to Core Request):																													
Vacation approved for learner during rotation: <input type="checkbox"/> No <input type="checkbox"/> Yes		Start Date:	End Date:																										
Submitted By:		Date Submitted:																											
Hospital Privileges Requested (please select):		Additional Site Notes:																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Cambridge – Cambridge Memorial Hospital</td><td></td></tr> <tr><td>Cambridge – Two Rivers Family Health Team</td><td></td></tr> <tr><td>Drayton – Mapleton Health Centre</td><td></td></tr> <tr><td>Fergus – Groves Memorial Hospital</td><td></td></tr> <tr><td>Guelph – General Hospital</td><td></td></tr> <tr><td>Guelph – Homewood Health Centre</td><td></td></tr> <tr><td>Kitchener-Waterloo – Main Campus</td><td></td></tr> </table>	Cambridge – Cambridge Memorial Hospital		Cambridge – Two Rivers Family Health Team		Drayton – Mapleton Health Centre		Fergus – Groves Memorial Hospital		Guelph – General Hospital		Guelph – Homewood Health Centre		Kitchener-Waterloo – Main Campus		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Kitchener-Waterloo - Grand River Hospital</td><td></td></tr> <tr><td>Kitchener-Waterloo – Freeport Health Centre</td><td></td></tr> <tr><td>Kitchener-Waterloo – St. Mary's Hospital</td><td></td></tr> <tr><td>Mount Forest – Louise Marshall Hospital</td><td></td></tr> <tr><td>Palmerston – Palmerston and District Hospital</td><td></td></tr> <tr><td>OTHER:</td><td></td></tr> </table>	Kitchener-Waterloo - Grand River Hospital		Kitchener-Waterloo – Freeport Health Centre		Kitchener-Waterloo – St. Mary's Hospital		Mount Forest – Louise Marshall Hospital		Palmerston – Palmerston and District Hospital		OTHER:			
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WRC Mac-CARE OFFICE ONLY - Funding Confirmed: Mac-CARE <input type="checkbox"/> Expansion <input type="checkbox"/> DFM <input type="checkbox"/> ROMP <input type="checkbox"/> Other:																													
ROTATION ARRANGEMENTS																													
Date Rotation Confirmed with Learner, Preceptor (Admin), Program Education Coordinator and Site Education Coordinator:																													
Date LOGS Requested:	Date Received:	Date LOGS/Credentials Forwarded to Site:																											
Date Learner Forms/Intro Requested:	Date Received:	Date Forwarded to Preceptor:																											
LEARNER ARRANGEMENTS																													
Does the learner have access to a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Learner has opted to commute? <input type="checkbox"/> Yes <input type="checkbox"/> No																												
Travel Expense Report – Academic Schedule shared/informed of additional requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	Travel Expense Report Mandatory Academic Training Attendance Verified: Attached <input type="checkbox"/> Yes <input type="checkbox"/> No																												
Accommodations in the community required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any special requests:																												
Does the learner have any allergies to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other allergies or special physical needs:																												
Accommodation Location:																													
Date Accommodation Booked:	Accommodation Invoice Received: <input type="checkbox"/> Yes <input type="checkbox"/> No																												
PRECEPTOR ARRANGEMENTS																													
Preceptor Payment Info Available/Current: <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, a Payment Verification Package will need to be forwarded to physician – date sent:																												
Faculty Appointment Status Confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, an Adjunct Faculty Appointment package required – date sent:																												
Mac-CARE ROTATION Entered into Database    Learner <input type="checkbox"/> Preceptor <input type="checkbox"/> Site <input type="checkbox"/> Accommodation <input type="checkbox"/> Travel <input type="checkbox"/>																													
Date Rotation Completion Noted:	Completed by REL Admin:																												
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