



Clinical Rotation Request Form

Due to the growing number of educational affiliates and students participating in clinical experiences at Las Palmas Del Sol Healthcare, and in order to better serve our affiliates, please complete the information requested below and e-mail to:

ELPS.ClinicalRotation@HCAHealthcare.com
along with the Faculty/Student information packet.

Campus: Las Palmas

Del Sol

Both

School: _____

Clinical Instructor/Faculty: _____

Faculty Phone Number: _____

Number of Students: _____

Course Number & Title: _____

Semester & Year: _____

Department or Unit of Clinical Rotation being requested: _____

Dates of Clinical Rotation: _____

Day(s) of Week: _____

Time: _____

Signature of Instructor/Faculty

Date