



Student Name: \_\_\_\_\_

Student Type: \_\_\_\_\_

Preceptor/Dept.: \_\_\_\_\_

Sleep Room: \_\_\_\_\_

### STUDENT INFORMATION

(PLEASE PRINT)

Today's Date: \_\_\_\_\_

**BASIC INFORMATION:**

Full Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Responsible RMC Preceptor: \_\_\_\_\_

Date(s) at RMC: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**EDUCATION:**

Current Level of Education: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Focus of Study: \_\_\_\_\_

Clinical Hours needed: \_\_\_\_\_ / Focus Area of Rotation: \_\_\_\_\_

Dates Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Tentative Graduation Month/Year \_\_\_\_\_/\_\_\_\_\_

School Address: \_\_\_\_\_

School Contact Name: \_\_\_\_\_

School Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Other Rotations completed (please be specific) \_\_\_\_\_

(If additional space is needed please continue on back of form)

**PERSONAL INFORMATION:**

Current Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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Email: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

Current Position \_\_\_\_\_

Current Employer: \_\_\_\_\_

Are you currently or have you ever been employed by RMC? \_\_\_\_\_

If yes, in what position? \_\_\_\_\_

After Graduation, my professional aspiration is to work as a \_\_\_\_\_

At \_\_\_\_\_.

Please check the areas you are interested in (check all that apply (if applicable))

\_\_\_\_ Emergency Department \_\_\_\_ Family Practice \_\_\_\_ Hospitalist \_\_\_\_ Geriatrics \_\_\_\_ Other

How did you hear about RMC? \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_

**ATTESTATION:**

I hereby attest that the information submitted on this form is complete and correct to the best of my knowledge and belief. I have read the Student Orientation Manual and agree to abide by its regulations.

\_\_\_\_\_  
**SIGNATURE OF STUDENT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF RESPONSIBLE PRECEPTOR**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF RMC PERSONNEL (BELOW)**  
*Cheri Heims, AA, CPCS, Credentialing Specialist*

\_\_\_\_\_  
**DATE**