



Clinical Rotation Application

Name: _____ Date of Birth: _____

Current Address: _____ City _____ ST___ Zip _____

Permanent Address (if different from above): _____

Phone: _____ Cell: _____ School Email: _____

Personal (non-school) Email (required): _____

Academic Information

School: _____

Area of Study: _____ Year in Program: _____ Anticipated Graduation Date: _____

Contact at current academic institution (advisor/clinical coordinator):

Name: _____ Phone number: _____

Email: _____

Rotation Information

Type of Rotation (Family Medicine, Pediatrics, etc.): _____

Rotation Dates: _____ to _____ Preceptor Requested (MD,NP,PA,CNM) _____

Rotation Requirement: _____ days/wk _____ hrs./day Total Hours Needed: _____

Site (Health Center) Preferred: _____

Personal Information

Why do you want to do a rotation at Hudson Headwaters Health Network?

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What type of setting are you interested in working/living in upon completion of your program?

In what setting would you prefer to gain employment (acute, primary care, community health center, public health, long term care, etc.)?

What career specialty are you interested in?

How did you learn about Hudson Headwaters?

Briefly tell us what appeals to you about working at Hudson Headwaters *(in the space provided)*.

Please mail or email completed form to:



Hudson Headwaters Health Network

9 Carey Road, Queensbury, NY 12804

ATT: Jane Morrissey

Phone: (518) 761-0300 • Fax: (518) 824-2330

Email: jdmorrissey@hhhn.org

When a rotation site has been secured, we will need the following additional information:

- Letter of good academic standing
- Proof of immunizations (must include PPD within 12 months of rotation start)
- Proof of malpractice coverage - **Certificate of Insurance naming Hudson Headwaters Health Network, 9 Carey Road, Queensbury, NY 12804 as the certificate holder is required.**
- Hudson Headwaters Confidentiality Form, signed.
- Resume (CV)
- Current Affiliation Agreement with your Academic School – Please allow enough time for Hudson Headwaters to review the agreement as we may need to execute an amendment or have a new agreement in place.