

## **Application for a Clinical Rotation**

- Applications must be received <u>2 months prior</u> to the desired start of a rotation.
- Efforts will be made to accommodate schedules; however, rotation spots are limited.
- Rotations hours depend on staff availability.

**Degree Program** ☐ Other: □ SBB □ MLT  $\square$  MT Applicant Information Name: Email: Phone: Employer: Name of academic institution: Requested start date: Length of requested rotation: Rotation Opportunities, by location Please select desired rotation area(s) needed by location: Duluth, MN St Paul, MN Lincoln, NE ☐ Collections – Fixed site and Mobile ☐ Collections – Fixed site and Mobile ☐ Collections – Fixed site and Mobile ☐ Component Manufacturing ☐ Component Manufacturing □ Component Manufacturing ☐ Infectious Disease Testing ☐ Management Management ☐ Immunohematology □ Quality Assurance Management ☐ Medical Director/ Pathologist ☐ Quality Assurance **Rotation Objectives** Please list the educational requirements for which you are seeking experience, and attach any learning objectives provided by your academic institution, such as a checklist. **Current Trainings** Please provide the dates that you last received training on the following topics: Bloodborne Pathogen Training: Safety Training: Please email the completed application form, along with rotation objectives to: studenttraining@innovativeblood.org **INTERNAL USE:** 

Applicant notified 

Yes

□ No

□ No

Start Date:

□ Yes

Accepted