

APPENDIX A

**STUDENT CLINICAL ROTATION
STATEMENT OF PRECEPTOR RESPONSIBILITY**

I hereby declare that _____ (Student) who is
enrolled at _____ will participate in a clinical
experience at _____ Hospital (“Hospital”). The Student’s clinical experience will
begin on the ___ day of _____, 20___ and shall end on the ___ day of _____,
20___.

_____ Date: _____

(Signature of Supervising Preceptor)

(Name of Supervising Preceptor – Please Type or Print Legibly)
