

# Welcome to \_\_\_\_\_ Lake Regional Health System

**Thank you for your interest in Lake Regional Health System for your clinical rotations.**

We are excited to assist you with placing your students in a supportive, exciting clinical rotation environment. The Lake Regional Learning and Development department is happy to assist with these requests. Our process is as follows, but is also listed on the Rotation Checklist form:

- Fill out Rotation Request Form and send to Education Coordinator.
- Fill out Student Roster and send to Education Coordinator.
- Email photos of students for badges:
  - Photo in jpeg format
  - Photo should be from shoulders up
  - Photo should be on a neutral background
- Education Coordinator will email university/school the student log-in information to Net Learning for onboarding and education that must be completed 2 weeks prior to starting rotation.
- Fill out Student Requirement Sheet and send to Education Coordinator. This form is due 2 weeks prior to start date of rotation. A representative of the school must sign and attest to the accuracy of the information listed on this page. Copies of information listed on this sheet may be requested by Lake Regional Health System at any time, and sending facility must provide forms if requested.
- Email Rotation Information Sheet to Education Coordinator.
- Coordinate Hospital orientation with Education Coordinator if needed.
- Start rotation and learn as much as possible!
- Have students and instructor fill out evaluation form after the clinical rotation is complete.

## **Lake Regional Clinics**

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## **Lake Regional Hospital**

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# Rotation Checklist

## Lake Regional Hospital

### Initial Request

- Complete Rotation Request Form and submit to Education Coordinator
- Complete the Student Roster Form and submit to Education Coordinator
- Students to complete online education in Net Learning
- Schedule Facility Orientation with Lake Regional Education Coordinator

### Badge Process

- Submit a clear (head and shoulder) picture of each student in a JPEG format to Education Coordinator
- Students will receive badges at Facility Orientation or designated time
- Instructor will inform Education Coordinator if student is dismissed or dropped from the program, and will collect badge from student
- Students will be responsible for lost, damaged or stolen badges at \$10 per badge

### Two Weeks Prior to Start of Rotation

- Requirements for Student's Worksheet completed and sent to Education Coordinator
- Attend Facility Orientation
- Ensure all education is completed in Net Learning

### After Rotation is Complete

- Complete Orientation Evaluation and return to Education Coordinator

Kim McPherson, R.N., Education Coordinator  
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# Rotation Request Form

## Lake Regional Hospital

### School or University Information

Today's Date:

University: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Program of Study: \_\_\_\_\_

Number of Students in this Rotation: \_\_\_\_\_

### Rotation Information

Department Requested: \_\_\_\_\_

Dates of Rotation: \_\_\_\_\_

Shift Hours of Rotation: \_\_\_\_\_

Days of the Week Requesting: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Instructor's Phone Number: \_\_\_\_\_

Instructor's Email: \_\_\_\_\_

### For Lake Regional Health System use only.

University or Program Affiliate Agreement updated: \_\_\_\_\_

University or Program Certificate of Insurance updated: \_\_\_\_\_

Kim McPherson, R.N., Education Coordinator

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# Requirements for Students

Date		School to Complete													For LRHS Use					
		School or University	Program	Start Date	Graduation Date	TB Results/Date	Flu Shot	Chicken Pox or Varicella Vaccine	Tdap (date or on file)	MMR (date or on file)	Hepatitis B 1 <sup>st</sup> (date or on file)	Hepatitis B 2 <sup>nd</sup> (date or on file)	Hepatitis B 3 <sup>rd</sup> (date or on file)	Hepatitis B Decline	Drug Test	Background Check (Clean)	CPR Certification (patient facing positions)	NetLearning	Meditech or Cerner Edu. Complete	Badge Photo
Last Name	First Name																			

I attest the information on this form is accurate and complete. The sending facility will have documentation for the above listed information available upon request from Lake Regional Health System representatives.

University or Program Representative Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Student Roster

First Name	Last Name	Date	School/University	Program	Date of Birth	Phone	Address/City/State/ZIP

I attest the information on this form is accurate and complete. The sending facility will have documentation for the above listed information available upon request from Lake Regional Health System representatives.

University or Program Representative Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_