**NWMSU ISPP Rotation Schedule**

**January 2014--Example**

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicants for this internship program must identify facilities1 and preceptors2 for all planned supervised practice experiences. Please complete the following form indicating where you have planned to accomplish course required supervised practice experiences. Please include all rotations and anticipated dates to start and end.

**1Completed Facility/Preceptor Application form is required to be sent with this mailing.**

**There must be a signed Facility/Preceptor Application form for all preceptors listed on your Rotation Schedule Form. Likewise, every preceptor who completes a preceptor application is listed on the Rotation Schedule Form.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week Number** | **Rotation** | **Hours and Dates** | **Facility1 name and Type (Community, MNT, FSM, etc)** | **Preceptor Name1 and email** |
| WK 1 | Pre-MNT Workshop (Maryville)  Includes Inman Review Course | 50 hours | NWMSU, Orientation | Kelli Wilmes, MS, RD, LD  wilmesk@nwmissouri.edu |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |