



Rotation/ Internship Request

NAME _____ D.O.B. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

University Affiliation (Will this rotation be counted for university credit?) YES _____ NO _____

If yes, which university? _____

General Studies _____ or Professional Degree Bound _____ Year in program _____

If degree bound please state program (Dental, Medical, PA, etc.) _____

Name of Program Coordinator at Univ. _____ Phone: _____

Rotation length requested: _____ Start Date: _____ End Date: _____ Hrs./week: _____

Special Scheduling Considerations, Specific Provider Requirements, and Goals and Objectives of the requested rotation, etc.:

Are you requesting that housing be provided? YES _____ NO _____

(Housing is not guaranteed to all learners. When approved, housing is provided on a first come, first serve basis and dependent on length and type of rotation.)

We often schedule learners at outlying clinics in order to accommodate multiple requests. You must provide your own transportation. Are you willing to participate in a rotation outside of Silver City? YES _____ NO _____

YOU ARE REQUIRED TO PROVIDE YOUR OWN TRANSPORTATION.

Requests must be submitted to the following individual at the CHI Workforce Department at least 90 days in advance of the requested rotation date(s) and approvals are based on availability.

Baudelia Salgado
Workforce Program Specialist
bsalgado@swchi.org
575-597-0030