

INTERNSHIP INFORMATION SUMMARY

Please check which of the following rotations you completed and indicate the total number of hours spent in the rotation, and in what setting (hospital, health centre, long term care facility, etc.)

CLINICAL	Rotations	Hours completed	Setting
	<input type="checkbox"/> Medicine		
	<input type="checkbox"/> Gastrointestinal		
	<input type="checkbox"/> Diabetes		
	<input type="checkbox"/> Cancer		
	<input type="checkbox"/> Surgery		
	<input type="checkbox"/> Cardiology		
	<input type="checkbox"/> Pediatrics		
	<input type="checkbox"/> Other		
TOTAL CLINICAL HOURS:			

COMMUNITY	Rotations	Hours completed	Setting
	<input type="checkbox"/> Food Security		
	<input type="checkbox"/> Families		
	<input type="checkbox"/> Homecare		
	<input type="checkbox"/> Community Group		
	<input type="checkbox"/> Private Practice		
	<input type="checkbox"/> Public Health		
	<input type="checkbox"/> Private/Government Agency		
	<input type="checkbox"/> Other		
TOTAL COMMUNITY HOURS:			

ADMIN	Rotations	Hours completed	Setting
	<input type="checkbox"/> Hospitality		
	<input type="checkbox"/> Personnel Management		
	<input type="checkbox"/> Processing/Procurement		
	<input type="checkbox"/> Financial Management		
	<input type="checkbox"/> Other		
TOTAL ADMIN HOURS:			

OTHER	Rotations	Hours completed	Setting
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
TOTAL OTHER HOURS:			