

## Student Information

### Basic Information

Full Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Responsible GRH Preceptor: \_\_\_\_\_

Date(s) at GRH: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

### Education

Current Level of Education: \_\_\_\_\_

Name of Current School: \_\_\_\_\_

Focus of Study: \_\_\_\_\_ Tentative Graduation Month/Year \_\_\_\_ / \_\_\_\_

Clinical Hours Needed: \_\_\_\_\_ / Focus Area of Rotation: \_\_\_\_\_

School Contact Name: \_\_\_\_\_

School Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Other Rotations Completed \_\_\_\_\_

### Personal Information

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

Professional aspiration after graduation: \_\_\_\_\_

Please check the areas you are interested in (check all that apply)

Emergency Department  Urgent Care  Family Practice  Internal Medicine  Other: \_\_\_\_\_

How did you hear about GRH? \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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### Attestation

I hereby attest that the information submitted on this form is complete and correct to the best of my knowledge. I have read the Student Orientation manual and agree to abide by its regulations.

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

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

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