CommuniCare
HEALTH CENTERS

STUDENT AND RESIDENT ROTATION INTAKE FORM

Personal Information

First Name:________________________Last Name:_________________________ Date: ______________

What pronoun do you use? ___He/Him/His ___She/Her/Hers ___They/Them/Theirs ___Decline to answer

___Other (please specify): _________________________

Birth Date: ____________ □ I am 18 years or older * *must be 18 or older for access to patient charts*

Address: _________________________________ City, State & Zip: _______________________________
Street Address

Preferred Phone: _____________________ NPI (if applicable): _________________________________

E-Mail Address: ____

Education & Rotation Information

Select the one that applies to you:

☐ MSW Student ☐ RN Student ☐ CNM Student ☐ Dental Resident
☐ UCD Dental Volunteer ☐ NP Student ☐ PA Student ☐ SUD Student
☐ Dental Assistant Student ☐ Medical Student ☐ Medical Resident ☐ MFT-T Student
☐ Medical Assistant Student ☐ Nutrition Student ☐ Medical Administration Student
☐ Other (please specify): ____

Name of school/program: ____

School Faculty Contact: ___________________________ Phone Number: ____________________

E-Mail: ____

Preceptor/Supervisor at CommuniCare: ____

In which CommuniCare site(s) will you be located (check all that apply)?
__Davis Community Clinic ___Hansen Family Health Center (Woodland) ___Salud Clinic (West Sac)

Start Date: __________ End Date: ___________

Emergency Contact Information

Full Name: ________________________Relationship: _______________Phone Number: ______________

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination of and/or penalties as specified by law.

Applicant Signature (handwritten):____Date: _________