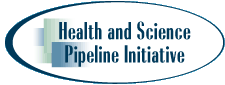
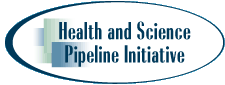
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**STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HESI ROTATIONS**

**DIRECTIONS: PLEASE RANK THE FOLLOWING ROTATIONS FROM 1-14 THAT YOU WOULD LIKE TO OBSERVE DURING THE HESI PROGRAM.**

\*\*Please make a note on any rotation that you would not be comfortable observing.\*\*

**1 = Very Interested**

**14 = Not Interested**

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| --- | --- |
| **RANK #** | **HESI ROTATION** |
|  | OT – Occupational Therapy |
|  | PT – Physical Therapy |
|  | ST – Speech Therapy |
|  | Woundostomy - Wound Care Center |
|  | ER – Emergency Department |
|  | Radiology |
|  | Laboratory - Phlebotomy and Clinical Lab Scientist (CLS) |
|  | CCU – Cardiac Intensive Care Unit |
|  | NCU – Neurotrauma Intensive Care Unit |
|  | SCU – Surgical Care Unit |
|  | Mother Baby Center |
|  | Pre-PACA - Pre-Operation |
|  | Post-PACA - Post Operation |
|  | Respiratory Therapy |

Please indicate any other rotation(s) that you would be interested in observing. I will do my best get it approved.

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Start times of rotations vary. Please indicate if you plan on carpooling with any other student in the program.

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