

**Genesis Healthcare Associates**

3200 Highlands Parkway, Suite 250

Smyrna, Ga 30082

770-434-1904

**Student Questionnaire**

Dear Student,

Please answer the following questions and return to me via email. These questions will help us to better understand your needs.

**We provide Clinical Rotations in Adult Medicine (14 & older), Pediatrics and Family Medicine only.**

1. What clinical certification are you pursuing? \_\_\_\_\_
2. Where are you in your clinical rotation? \_\_\_\_\_
3. What school do you attend? \_\_\_\_\_
4. How many hours do you need for the rotational block? \_\_\_\_\_
5. What time frame do these hours need to be completed? \_\_\_\_\_  
(beginning date & ending date)
6. Are there any restrictions on your schedule? (Work schedule typically is the only exception we allow but if there are special circumstances, please advise.)  
\_\_\_\_\_  
\_\_\_\_\_
7. Who is your program director and his/her contact information? (phone and email)  
\_\_\_\_\_  
\_\_\_\_\_
8. What is the best contact number for you? \_\_\_\_\_

Do you have documents that need to be completed by the preceptor from your school? If so, please return them with this questionnaire.

**Genesis HealthCare Associates does not allow student scheduling that is limited to 1 day a week. We do not allow split rotations between Genesis HealthCare and another Preceptor.**

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

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