



Phone: (919) 410-8840

Fax: (866) 598-8851

Web: [nccenterforpt.com](http://nccenterforpt.com)

Email: [PT@nccenterforpt.com](mailto:PT@nccenterforpt.com)

5832 Fayetteville Road, Suite 106 | Durham, NC 27713 (Sutton Station)



## Clinical Rotation Inquiry Form

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

Mobile number: \_\_\_\_\_  
Email address: \_\_\_\_\_

### Getting to Know You:

DPT Program enrolled in: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
Undergrad college attended: \_\_\_\_\_ Major \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
GPA: \_\_\_\_\_

When are you interested in starting a clinical rotation? \_\_\_\_\_

What rotations have you completed already? \_\_\_\_\_

How did you hear of NC Center for Physical Therapy?

\_\_\_\_\_  
\_\_\_\_\_

What interests you about our clinic (NC Center for PT)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to learn at our clinic, what are your goals? Attach extra page if need more room

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Contact Information:

Director of Clinical Education: \_\_\_\_\_

Phone number: \_\_\_\_\_