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DPT Clinical Student Information Sheet

Name: _____
Address: _____

Date of Birth: _____
Cell Number: _____
Work/Home Number: _____

Email address: _____
How would you like to be contacted first: _____

Getting to Know You:

What college do you attend? _____

Why are you interested in doing a Clinical rotation here at NC Center for PT?

What are your goals during a Clinical rotation here? _____

Do you have any specific skills you would like to share? _____

What are your hobbies? _____

Availability:

When are you interested in starting a Clinical here? _____