

Kaiser Permanente Hawaii Rotation Request Form

To submit a formal request for a rotation at Kaiser Permanente Hawaii with a physician or provider, the program's designated clinical rotation coordinator should submit this completed form and required documentation to the appropriate Kaiser Permanente coordinator. All rotation request communication will be between the program contact and the KP contact.

KP Resident, Fellow, and Student Nurse Midwifery Program Coordinator: Liz Knaggs (Elizabeth.A.Schatz@kp.org)

KP Student Program (GC, MD, DO, PA) Coordinator: Sam Kojima (Samantha.R.Kojima@kp.org)

I. Program Information

Program Name: _____

City: _____ State: _____ Zip Code: _____

Active Affiliation with Kaiser Permanente Hawaii: Yes No

Program Clinical Coordinator: _____

Contact Information: _____

II. Rotator Information

First: _____ M.I.: _____ Last: _____

Year in program: _____

Email Address: _____ Phone Number: _____

III. Rotation Request Details

Rotation: _____

Start Date: _____ End Date: _____ Hours Required: _____

Please list any other specific requests (preceptor specialty if different from the requested rotation, specific weekly schedule requirements, deadline for placement confirmation, location preference, etc.):

IV. Required Documentation

- a) Current Affiliation Agreement and/ or PLA with Kaiser Permanente Hawaii, as applicable
- b) Current Goals and Objectives and/ or Course Syllabus
- c) Rotator's Letter of Interest
- d) Copy of the Blank Evaluation
- e) Preceptor Handbook or other Preceptor Requirements

V. General Affiliated Rotation Notes

- Housing and transportation are at the expense of the program/student.
- Kaiser Permanente preceptors do not accept stipends for mentoring.
- To be considered, all unaffiliated or out-of-state requests must be received *at least* 3 months in advance.