Pharmacy Student Information Form:

Name: _____

College of Pharmacy: _____

Please list all VA rotations you will have in Grand Island, Lincoln, and/or Omaha:

Grand Island:

Rotation Name	Preceptor	Start Date	End Date

Lincoln:

Rotation Name	Preceptor	Start Date	End Date

Omaha:

Rotation Name	Preceptor	Start Date	End Date

Date you had your fingerprints completed: _____

VA STAFF USE:
Finger prints verified: _____

Access Request Sent to ADPAC: _____