



**DE LA SALLE**  
MEDICAL AND HEALTH SCIENCES INSTITUTE

OFFICE OF THE  
VICE CHANCELLOR FOR  
ACADEMIC SERVICES

**OVCA FORM 132: CLINICAL ROTATION PLAN / CLINICAL SCHEDULE / PROOF OF STUDENT DEPLOYMENT**

COLLEGE / PROGRAM: \_\_\_\_\_  
\_\_\_\_\_ SEMESTER, SY \_\_\_\_\_

Name of Students / Interns	Area/s of Exposure	Date/s of Exposure	Faculty / Clinical Instructor / Preceptor Assigned

Prepared:

Approved:

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