



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

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OFFICE OF THE  
**VICE CHANCELLOR**  
 FOR ACADEMICS

**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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