**PROPOSED ROTATION SCHEDULE**

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| **Rotation** | **Number of practice hours** | **Site/Facility name and address** | **Preceptor name, credentials, contact information** |
| MNT (520 hours) |  |  |  |
| MNT Concentration(120 hours) |  |  |  |
| FSM (320 hours) |  |  |  |
| COMM(240 hours) |  |  |  |
|  | **Cumulative must be greater of equal to 1200** |  |  |