
Consortium # _____ School: _____
Primary Unit: _____ Hours on Unit: _____
Rotation Dates: _____
Instructor Name: _____
Instructor's Phone: _____

Instructor: Record date(s) that student floated to unit to observe an RN and provide a copy of this student Float log to each Unit Manager during the first clinical rotation day.

Student Name	Float Unit / Date
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____
11 _____	_____
12 _____	_____