



**CANADIAN SOCIETY OF RESPIRATORY THERAPISTS**  
**SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES**

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**CLINICAL ROTATION TEMPLATE**

**(Self-Study, Part 3 Requirement A)**

*Please list each clinical site in the first column and a list of the clinical courses or rotations provided at that site in the second column. Indicate whether a current clinical affiliation agreement is in place. Insert rows if necessary. The Program Review team will use this template as a reference when reviewing the information pertaining to the clinical sites throughout the Self-Study.*

CLINICAL SITE	CLINICAL COURSES OR ROTATIONS PROVIDED (Please list course or rotation names and numbers.)	Does a current Clinical Affiliation Agreement exist? (Yes/No)