



Rural Ontario Medical Program

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Calendar of Education Activity in _____

Rotation Community

Name: _____

Preceptor: _____

Rotation Dates: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**It is mandatory that you complete this calendar and submit it to ROMP at the end of your rotation. The calendar must be an accurate reflection of ACTUAL DAYS worked in the clinic, hospital, office and with other health professionals within the community.*