

Infirmiry Health Clinical Rotation Requests

FACILITY:

Each clinical instructor should complete the following information when requesting a clinical rotation at any Infirmiry Health Facility: J.L. Bedsole Rotary Rehab, Mobile Infirmiry, North Baldwin Infirmiry, Thomas Hospital or Infirmiry Long Term Acute Care Hospital. (ONE FORM PER UNIT)

Date of Request

Clinical First Day – Clinical Last Day

School/University

Course Name/Number

Requestor Name and Phone

Instructor Name and Phone

1. _____

1. _____

2. _____

2. _____

Requested Days of the Weeks (two choices)

Preferred Time of Day on Unit (two choices)

1. _____

Total number of students per day

Max 8 for Medical Surgical

Max 2 for Speciality Care Areas

2. _____

Unit and Hospital Requested (two choices)

Submission instructions:

Save document and click the facility name below to submit via email.

MOBILE INFIRMARY or **LTACH** **THOMAS HOSPITAL** **NORTH BALDWIN INFIRMARY**