

Infirmery Health Practicum Request

The school practicum clinical coordinator should complete ONE form for all practicum rotation request per semester for any Infirmery Health Facility: Infirmery LTAC Hospital, J.L. Bedsole Rotary Rehab, Mobile Infirmery, North Baldwin Infirmery or Thomas 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
Requestor Email	Instructor Email

STUDENT NAME	STUDENT EMAIL	REQUIRED CLINICAL HOURS	UNIT REQUESTED	PRECEPTOR REQUESTED

Submission instructions:
 Save document and click the facility name below to submit via email.
MOBILE INFIRMERY or **LTACH** **THOMAS HOSPITAL** **NORTH BALDWIN INFIRMERY**