Infirmary Health
Practicum Request

The school practicum clinical coordinator should complete ONE form for all practicum rotation request per semester for any Infirmary Health Facility: Infirmary LTAC Hospital, J.L. Bedsole Rotary Rehab, Mobile Infirmary, North Baldwin Infirmary 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 INFIRMARY or **LTACH** **THOMAS HOSPITAL** **NORTH BALDWIN INFIRMARY**