

Infirmiry Health Clinical Rotation Requests

Each clinical instructor should complete the following information when requesting a clinical rotation at any Infirmiry Health Facility: Mobile Infirmiry, Infirmiry West, North Baldwin Infirmiry, Oakwood, 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)

Total number of students per day

1. _____

2. _____

Unit and Hospital Requested (two choices)

Infirmiry LTAC Hospital

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Mobile Infirmiry

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North Baldwin Infirmiry

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Oakwood Center for Living

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Thomas Hospital

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