Mobile Infirmary

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, Mobile Infirmary, North Baldwin Infirmary, Oakwood 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	IHS SN# (IF KNOWN)	UNIT REQUESTED	PRECEPTOR REQUESTED