

# Infirmery Health System Practicum Request

The school practicum clinical coordinator should complete ONE form for all practicum rotation requests per semester for any IHS facility: Mobile Infirmery, Long Term Acute Care Hospital, Thomas Hospital, North Baldwin Infirmery or Oakwood.

Date of Request	Clinical First Day – Clinical Last Day
Hours Required	
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