**Clinical Education Request Form**

University Address Here (use image)

University Logo Here

Please complete this form and return it by email to       or print and fax to

      or mail to the address above. Please also update your CSIF at

csifweb.amsapps.com. If you have questions about any of these placements, please contact:

Name of Facility

CCCE

Address

City       State       Zip

Email       Phone       Fax

Please select the placements that you will be able to accommodate and fill in the information for that placement. **If you select "Other" for the Type, please explain in the Comments section**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Clinical Option | Number  of  Students | Type of Experience  (Please check all that apply)  \* Required | Clinical  Instructor  (if known) | Specific  Site  (if known) | Comments  (Special Requests) |
|  |  |  | Acute Care  Sports  SNF  Peds  IP Neuro  HH  OP Neuro  Other  OP Ortho |  |  |  |
|  |  |  | Acute Care  Sports  SNF  Peds  IP Neuro  HH  OP Neuro  Other  OP Ortho |  |  |  |
|  |  |  | Acute Care  Sports  SNF  Peds  IP Neuro  HH  OP Neuro  Other  OP Ortho |  |  |  |
|  |  |  | Acute Care  Sports  SNF  Peds  IP Neuro  HH  OP Neuro  Other  OP Ortho |  |  |  |
|  |  |  | Acute Care  Sports  SNF  Peds  IP Neuro  HH  OP Neuro  Other  OP Ortho |  |  |  |

We are unable to take students at this time

General Comments: