

Returning Clinical Student or Instructor Information

Use this form when:

A student or clinical instructor has completed a clinical rotation at BWH within the last year

AND

the required documentation was previously submitted (Clinical Student POI form, , confidentiality agreement, government issued picture ID)

AND

the student is returning to BWH for an additional clinical rotation or practicum placement.

*** If a student or clinical instructor has been away from BWH greater than one year, please resubmit a new POI form, confidentiality form, and copy of a government issued ID.**

Student Name:

Date of Birth:

Partner's Logon ID:

School Name:

Start date of last clinical rotation at BWH:

Start date of upcoming clinical rotation at BWH:

End date upcoming clinical rotation at BWH:

BR# associated with upcoming clinical rotation:

Student Email Address:

Date/ Manager: