

Clinical requests for Boston Medical Center

From (school name): _____ Semester: _____

Contact Person (name, email) _____

Phone: _____ Fax: _____

Unit/Specialty area	Days and times	Start date	End date	What year are the students? Type of Program?	Clinical Instructor	Hx of being on the unit?

Comments/Notes:

Send your request to Michelle Barrella, RN, Coordinator of Nursing Professional Advancement
 Fax: 617-414-7575 or email: Michelle.Barrella@bmc.org