

Medstar Washington Hospital Center Request for Clinical Placement

School: _____

Semester: _____

Start and Finish Dates _____

Graduation date for students: _____

Contact Person: _____

Contact e mail address: _____

Contact phone number: _____

Unit Request/ Clinical Area	Dates of Rotation	Days of Rotation (M,T,W,H,F)	Shift/Times	Instructor/Contact Person	UNIT	Course

All requests should be e mailed to schoolcollaborations@medstar.net