



LAS PALMAS
DEL SOL
HEALTHCARE

Clinical Group Information

Due to the growing number of educational affiliates and students participating in clinical experiences at Las Palmas Del Sol Healthcare, and in order to better serve our affiliates, please complete the information requested below and return to the Training and Development Department along with the Faculty/Student information packet.

School: _____

Clinical Instructor/Faculty: _____

Phone Number: _____

Number of Students: _____

Course Number & Title: _____

Semester & Year: _____

Department or Unit of Clinical Rotation: _____

Dates of Clinical Rotation: _____

Day(s) of Week: _____

Time: _____

Faculty & Student Placement Guidelines given to/received by students/instructors:

Signature of Instructor/Faculty

Date