



## Request for NICU Observation

School \_\_\_\_\_ Faculty \_\_\_\_\_  
 Date Submitted \_\_\_\_\_ Course Title \_\_\_\_\_  
 Instructor Phone/E-Mail \_\_\_\_\_

Clinical students are welcome to have a NICU observation if in a Maternal-Child Health rotation. This form must be completed in full and e-mailed to the coordinator at least **three weeks** prior to the requested experience date. Observation is limited in number of students and time on units dependent on the situation in the clinical areas and may change requiring student experiences to be rearranged.

**NICU experiences are in 4 hour blocks only. Suggest 7am-11am if possible. 1 student per session. NICU experience for OB/MBC rotations only. We can NOT allow students in pediatric or med/surg clinicals.**

*\*Save this form to your desktop, fill in required fields, save the form, attach in e-mail and send to appropriate CNS(s).\**

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### OBJECTIVES FOR OBSERVATION IN NICU/PICU

Student Name	Date/Time Requested	Unit Requested	Unit Assigned <i>(Completed by CNS)</i>	Preceptor <i>(Completed by CNS)</i>