

School \_\_\_\_\_

## **Request for NICU/PICU Observation**

Faculty \_\_\_\_\_

Date Submitted		Course Title		
Instructor Phone/E-Mail				
Clinical students are welco Hospital - Royal Oak. This prior to the requested expe dependent on the situation rearranged. NICU/PICU experiences a	form must be corerience date. Obsorbing the clinical are	mpleted in full and servation is limited as and may chan	l e-mailed to the co I in number of stud ge requiring studer	ordinator at least <b>three weeks</b> ents and time on units at experiences to be
*Save this form to your deskt	op, fill in required fie	elds, save the form,	attach in e-mail and	send to appropriate CNS(s).*
Audrey Kalasky RN MSN (NICU) 248-898-5774 audrey.kalasky@beaumont.edu		Tammy Muczinski MS, RN, CPNP-PC (PEDS/PICU) 248-898-5072  TMUCZINSKI@beaumont.edu		
OBJECTIVES FOR OBSERV	/ATION IN NICH/PI	CU		
OBOLOTIVLOT ON OBOLIV	7111011 111 111100/11	00		
Student Name	Date/Time Requested	Unit Requested	Unit Assigned (Completed by CNS)	Preceptor (Completed by CNS)
Student Name			Assigned	
Student Name			Assigned	
Student Name			Assigned	
Student Name			Assigned	
Student Name			Assigned	
Student Name			Assigned	
Student Name			Assigned	
Student Name			Assigned	
Student Name			Assigned	