Faculty/Student Information For Clinical/Observational Experience at JHBMC

Faculty (Course Coordinator/Onsite Instructor) or Practicum Student (under grad or graduate) complete & submit this form (PDF scanned form ONLY) to Cathy Lindauer, DNP, RN, CEN (ccarlen1@jhmi.edu) AS SOON AS POSSIBLE AND BEFORE THE BEGINNING OF THE EXPERIENCE. Access
www.hopkinsmedicine.org/jhbmc/nursing for further instructions & other required forms ***Failure to complete/submit all required forms on the
website will result in a delay or rejection of the request.
*** Electronic signatures are not accepted.

School Name		CourseName	
FACULTY – Course Coordinator Name (students participating in on-line programs must provide a faculty name/contact)			
Phone: (Office)	(Cell)	Email	
ONSITE INSTRUCTOR – (if different than Faculty/Course Coordinator Name)			
Phone: (Office)	(Cell)	Email	
JHBMC unit/area location of experience	START & END DATE		
If this is a JHBMC preceptor led experience name/title of preceptor			
IF REQUEST HAS BEEN SUBMITTED VIA CB CASTLEBRANCH BRIDGES – REQUEST IDNUMBER			

MMR or Forms completion & Date of most recent flu shot Tuberculin antibody testing SLP check off sheet of must be within the same Any Additional Comments and/or survey status Participant Guide Student Name Phone Number results school calendar year of this active/current Maryland RN License Pos Pos Neg Yes No request for experience Neg Number graduate student Onsite Instructor - verify yearly completion date of requirements above.