Children's of Alabama

Preceptorship Request Form

please Complete each field below

School:

Director: PHONE # : ( )

Coordinator: PHONE# : ( )

Instructor: PHONE# : ( )

Name of Course: **# of Hours:**

Dates of Clinical Rotations (start and end dates**):**

Student's Name	ID# (last 4 of SS#)	UNIT		
		1st Choice	2nd Choice	3rd Choice