

Request for Critical Care Observation

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

Students are welcome to have a critical care observation in one of the ICU's. Observation is limited in number of students and time on units dependent on the situation in the ICUs and may change requiring student experiences to be rearranged. Complete and e-mail **three weeks** prior to the requested experience date.

*Save this form to your desktop, fill in required fields, save the form and email to:
 Mikel Koyl
 248-551-7462
Mikel.Koyl@beaumont.org

All columns must be completed in order to accommodate the request.

Objectives for observation in Critical Care:

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