

UPMC Pinnacle

CLINICAL REQUEST/PLACEMENT FORM

1. Please complete the following information **(one semester only)**:

Date:	Date of Birth: (mm/dd/yyyy)	
Last Name:	First Name:	MI:
Home Phone: ()	Cell Phone: ()	
Email:	UPMC Pinnacle Employee Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Address:		
City:	State:	Zip:
Current Address:		
City:	State:	Zip:

2. Current Student Program:

School:	Program/Track:
Instructor/Advisor:	Expected Graduation Date:
Phone: ()	Email:

3. Clinical Experience:

Spring (year):	Fall (year):	Summer (year):
Total Hours Required:	Hours/Week:	
Dates: to		
Days Available:	Times Available:	
Clinical Area/Department/Site:		

Department Use Only

Placement with:

NAME: _____

PHONE: _____

DEPART: _____

CONFIRMATION SENT _____

Email completed form to Lindsay Corbo- corbolv2@upmc.edu
Lindsay Corbo- Education Project Specialist, Graduate Medical Education