

UPMC Pinnacle

Clinical Request Table

School Name: <input style="width: 95%;" type="text"/>		Submitted By: <input style="width: 95%;" type="text"/>	
Semester Start Date: <input style="width: 95%;" type="text"/>		Phone: <input style="width: 95%;" type="text"/>	
Semester End Date: <input style="width: 95%;" type="text"/>		Email: <input style="width: 95%;" type="text"/>	
Vacation Dates: <input style="width: 95%;" type="text"/>			

Level/Semester of Student	Hospital/ Campus Location	Floor	Dates of Rotation	# of Students per Rotation	# of Groups	Days and Time of Clinical	Time of Post Conf	Clinical Instructor

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