Medstar Washington Hospital Center Request for Clinical Placement

School: 

Semester: 

Start and Finish Dates: 

Graduation date for students: 

Contact Person: 

Contact e mail address: 

Contact phone number: 

<table>
<thead>
<tr>
<th>Unit Request/ Clinical Area</th>
<th>Dates of Rotation</th>
<th>Days of Rotation (M,T,W,H,F)</th>
<th>Shift/Times</th>
<th>Instructor/Contact Person</th>
<th>UNIT</th>
<th>Course</th>
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All requests should be e mailed to schoolcollaborations@medstar.net