



ST. LUKE'S

Instructor Orientation / Post Conference Room Request

Instructor Name: _____ School: _____

Clinical Orientation IT Room Request:

Instructor Request Information	
Date Requested:	Time Requested:
Will your students distribute medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
McLaren St. Luke's Clinical Coordinator Confirmation	
<input type="checkbox"/> Your request is approved. <input type="checkbox"/> There is a conflict.	
Room Assigned:	Alternate Time:

Post Conference Room Request:

Instructor Request Information	
Date Requested:	Time Requested:
McLaren St. Luke's Clinical Coordinator Confirmation	
<input type="checkbox"/> Your request is approved. <input type="checkbox"/> There is a conflict.	
Room Assigned:	Alternate Time:

Please email request to: studentintake@stlukeshospital.com

Clinical Coordinator Only:

Date Received: _____ Date Confirmation Sent: _____