



Hospital for
Special Care

Nursing Faculty Demographic Information Sheet

School: _____

Expected Student Graduation Date: _____ Type of degree program: _____

Clinical Instructor Name: _____

Unit assigned for Clinical: _____

Dates of Clinical Rotation: _____

Hours of Clinical Rotation: _____

Home Address: _____

Contact Information:

Phone (cell): _____

Phone (other): _____

e-mail: _____