

HENRY FORD HEALTH

Affiliating School RN Clinical Instructor Information Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cellular Phone: _____ Fax: _____

Email: _____

Workplace: _____

Title: _____

Date of Birth: _____

School/Program: _____

Course Coordinator: _____

Phone: _____

Are you currently an HFH Employee? _____ YES _____ No

If yes, please indicate location/title: _____

Best time of day to contact you: _____

Last revised 08/09/2023

