

UPSTATE

MEDICAL UNIVERSITY

If you are a current nursing student enrolled in either a BS or MS nursing program and would like to work with a Nurse Clinical Educator as a mentoring experience, please complete and return this form.

Use the buttons at the top-right of the screen to either email or print and return to:

*Upstate Medical University
750 E. Adams St.
HR/OTD, 417 Jacobsen Hall
Syracuse, NY 13210*

First Name: _____ Last Name: _____

Email Address: _____

Are you an Upstate Medical University Employee? YES NO

If yes, enter in your employee ID#: _____

If no, enter in the name of your employer: _____

Are you a current student at SUNY Upstate College of Nursing? YES NO

If no, enter in the name of the college you currently attend: _____

What type of nursing program are you enrolled in? BS MS

Dates you are requesting a mentor: _____

Name of Clinical Educator being requested (if applicable): _____

Please list course clinical objectives/purpose: