

[INSERT CENTER LOGO]

At [CENTER NAME], we are passionate about providing clinical excellence and outstanding customer service for those entrusted to our care. We are pleased to be a part of your clinical experience and we want to ensure your time at our center is informative and fulfilling. With your permission, we would like to periodically check in with you and encourage you in your journey.

Name: \_\_\_\_\_

School: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Nursing specialty of interest: \_\_\_\_\_

Career goal/interest: \_\_\_\_\_

Interested in full or part-time work as a student: yes / no If yes, preferred hours: \_\_\_\_\_

Permission to contact: yes / no

Signature: \_\_\_\_\_