

Request for Critical Care Observation

Faculty: _____ School: _____

Date Submitted: _____ Course Title: _____

Instructor Email: _____

Students **may** be able to have a 4-hour critical care observation in one of the ICU's. There are only a limited number of observation opportunities during the semester and will be given based on the date received and the availability of the units. Scheduled opportunities may be cancelled or changed based on the status of the ICU on the shadow date. Student names will be given to the unit and preceptors will be assigned on the shadow date.

- **ICU opportunities are for 3rd or 4th year students enrolled in a BSN program or 2nd year students enrolled in an ADN program.**
- **Rotations are allowed to request 2 ICU observation experiences for their students.** It is up to the faculty to determine which 2 students are selected.
- Please complete and email 2 weeks prior to the requested experience date

Please email this form to:

CHENursingStudents@corewellhealth.org

Contact: Mikel Koyl (248-551-7462 for questions)

Student Name	Date Requested	Time Requested	Unit Requested