

# BERT FISH MEDICAL CENTER

## Request for Student Placement

Applications for Student Placement for clinical rotations at BFMC must be submitted for approval at least 4 weeks prior to the student's arrival. Please complete the following information and submit to:

Attn: Cindy Sayre, Staff Development Coordinator  
Bert Fish Medical Center  
401 Palmetto St.  
New Smyrna Beach, FL 32168  
FAX: 386-424-6516  
Email: [cindy.sayre@bertfish.com](mailto:cindy.sayre@bertfish.com)  
Phone: 386-424-6356

College/University\_\_\_\_\_

Program/Course/Student Level\_\_\_\_\_

Instructor/Site Coordinator\_\_\_\_\_

Phone \_\_\_\_\_ Email\_\_\_\_\_

Will instructor be on-site with the students? [ ] Yes [ ] No

Department/Unit desired for clinical rotation\_\_\_\_\_

Rotation Dates: Starting\_\_\_\_\_ and Ending\_\_\_\_\_

Days of Week\_\_\_\_\_ Times\_\_\_\_\_

Number of Students\_\_\_\_\_

Please list the students' names and their last 4 digits of their SSN below or attach a list to this form.