

# Instructor Compliance

FACILITY: \_\_\_\_\_

I have reviewed the required information for Instructor Orientation to Infirmiry Health. I understand that if I have questions I am to call the Infirmiry Health contact person:

**Infirmiry LTAC Hospital** – Stefanie Willis-Turner | 251-435-7410

**J.L. Bedsole Rotary Rehab** – Stefanie Willis-Turner | 251-435-7410

**Mobile Infirmiry** – Stefanie Willis-Turner | 251-435-7410

**North Baldwin Infirmiry** – Tiare Groves | 251-580-1766

**Thomas Hospital** – Donna Nolte | 251-279-3020

School/University \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_



I, \_\_\_\_\_  
Dean or designee (print name)

validate that \_\_\_\_\_  
Instructor (print name)

is competent to provide clinical supervision for students.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:** This form must be completed and on file with the Infirmiry Health facility for each instructor utilizing Infirmiry LTAC Hospital/J.L. Bedsole Rotary Rehab/Mobile Infirmiry/North Baldwin Infirmiry/Thomas Hospital as a clinical site.

Submission instructions:

Save document and click the facility name below to submit via email.

**MOBILE INFIRMIRY** or **LTACH**    **THOMAS HOSPITAL**    **NORTH BALDWIN INFIRMIRY**