

New York Institute of Technology
School of Health professions
Department of Nursing

Clinical Lab Referral Form

Student Name: _____ Date: _____

Referring Professor: _____

Dear Student:

You have been referred to the clinical lab to further advance your clinical skills, specifically,

_____.

Kindly make an appointment with any of the lab instructors and cc Prof. Treister on your request. Appointments need to be made during open hours. Refer to lab schedule on Canvas under lab tile.

**This form must be returned to the referring Professor by: _____
with a CC to Professor P. Treister ptreiste@nyit.edu.**

Thank you.

Referring Professor Signature

Student Name: _____ Date: _____

The above named student has attended the clinical lab at the OW campus and has practiced the following skills:

_____ The student has performed these skills with a satisfactory return demonstration.

_____ The student has performed these skills with an unsatisfactory return demonstration and has been advised to return to the clinical lab for further practice. A follow up appointment has been made for _____.

Clinical Lab Faculty Print/Signature: _____