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: ___________________________