



**SCHOOL OF HEALTH PROFESSIONS  
DEPARTMENT OF NURSING**

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_

Referring Professor: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS**

You have been referred to the Nursing Arts Lab to further advance your clinical skills, specifically:

\_\_\_\_\_

Please make an appointment with any of the following lab instructors **via e-mail** and **cc Professor P. Treister at [ptreiste@nyit.edu](mailto:ptreiste@nyit.edu) on your request.**

Lab Instructors: **Professor K. Eisenstein** [keisenst@nyit.edu](mailto:keisenst@nyit.edu)    **Professor J. Lincks** [jlincks@nyit.edu](mailto:jlincks@nyit.edu)    **Professor B. Wighton** [bwighton@nyit.edu](mailto:bwighton@nyit.edu)    **Professor N. Wolinski** [nwolink01@nyit.edu](mailto:nwolink01@nyit.edu)

The appointment must take place by \_\_\_\_\_. Appointments must take place outside of scheduled Junior or Senior practice hours. This form will be returned to the referring Professor with a cc to Professor L. Sparacino by the lab faculty **within 24 hours** of the scheduled appointment.

Thank you.

\_\_\_\_\_  
Referring Professor Signature

**CLINICAL SKILLS PERFORMANCE**

Student Name: \_\_\_\_\_

Lab Instructor:  Professor K. Eisenstein     Professor J. Lincks     Professor B. Wighton  
 Professor N. Wolinski

Lab Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attended Lab: Time: \_\_\_\_\_ Follow-up Appointment Date: \_\_\_\_\_

The above named student has attended the Nursing Arts Lab and has worked on the following skills:

- The student has performed these skills with a satisfactory return demonstration.
- The student has practiced these skills, but has been advised to return to the Nursing Arts Lab for further practice. A follow up appointment has been scheduled (see Follow-up Appointment Date).