kidneyhealth.ca
manitoba renal program

Request for Clinical Observation Day

In-Centre Hemodialysis Unit

Date of request:		
Name:	Phone:	Email:
Preferred In-Centre Hemodialysis Unit for Clinical Observation Day: **(Please check one)**		
☐ Health Sciences Centre	☐ Seven Oaks Hospital	☐ Brandon Regional Health Centre
☐ St. Boniface Hospital	☐ Boundary Trails Health Center	☐ Berens River Renal Health Unit
☐ Dauphin Regional Health Center	☐ Flin Flon General Hospital	☐ Gimli Community Health Center
☐ Hodgson Area Renal Health	☐ Island Lake Renal Program	☐ Ashern – Lakeshore General Hospital
☐ Norway House Hospital	☐ Pine Falls Health Complex	☐ Russell Health Center
☐ Selkirk General Hospital	☐ Swan Valley Health Center	☐ The Pas Health Center Inc.
☐ Thompson General Hospital	☐ Other, please specify:	
Date(s) requested:		
I am a:		
☐ Nursing Student	☐ CRNM ☐ CLPNM	
Facility:	Current area of practice:	

Thank you for your interest in Hemodialysis Nursing. We look forward to meeting with you.

Submit the completed request to mrp.ed@hsc.mb.ca or fax to 204-787-1573.

FOR OFFICE USE ONLY:

Request sent to: _____ ☐ email ☐ fax Date: _____Sent by: _____

Date Response Received: _____ ☐ Approved ☐ Denied

Requestor Notified: ☐ Yes Date: _____