Please fill out the attached form completely, accurately and

Email: [Undergraduatenursingstudent@molloy.edu](mailto:Undergraduatenursingstudent@molloy.edu) or drop off in Room 205

Traditional Nursing\_\_\_\_\_\_\_\_ **OR** Accelerated Nursing\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Molloy Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_\_\_\_\_

Current Clinical Course (s) \_\_\_\_\_\_\_\_\_\_\_\_

Are you currently a Northwell Employee (not flex) YES\_\_\_\_\_\_\_\_ or NO \_\_\_\_\_

If yes, please print your Northwell email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions or concerns, please do not hesitate to contact me.

Thank you!

Kristine Salerno

Molloy University

Clinical Placement Coordinator under:

Dr. Rose Schecter

Associate Dean: Undergraduate Nursing & Nursing

Administrative Affairs

The Barbara H. Hagan School of  Nursing and Health Sciences

Room H205

T:  516-323-3735

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