

The Graduate Programs in Rehabilitation
CLINICAL PLACEMENT CONTACT INFORMATION

SUPERVISEE: _____

Title: _____

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E-Mail Address: _____

Work Schedule: _____

Cell Phone: _____

AGENCY SUPERVISOR: _____

Title: _____

E-Mail Address: _____

Work Schedule: _____

Back-up Supervisor: _____

Phone: _____ Fax: _____

WORK SITE: _____

Address: _____

Program Director: _____

Phone: _____ Fax: _____

E-Mail Address: _____

ACADEMIC AFFILIATION: The University of Iowa, The Graduate Programs in Rehabilitation

Address: N338 Lindquist Center Iowa City, IA 52242-1529

Faculty Supervisor: _____

Phone: _____ Fax: 319-335-5291

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