

# Instructor Compliance Statement

I have reviewed the required information for Instructor Orientation to Infirmiry Health System. I understand that if I have questions I am to call the Infirmiry Health System contact person:

**Mobile Infirmiry Medical Center** – Sharon Jones (251-435-7741)

**Infirmiry West** – Cheryl McGowan (251-660-5550)

**North Baldwin Infirmiry** – Debbie Stephens (251-580-1774)

**Oakwood** – Mary Przyborski (251-937-3501)

**Thomas Hospital** – Phyllis Tate (251-279-1702)

School/University \_\_\_\_\_ Date \_\_\_\_\_

Instructor \_\_\_\_\_

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I, \_\_\_\_\_  
Dean or designee (print name)

validate that \_\_\_\_\_  
Instructor (print name)

is competent to provide clinical supervision for students.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE:** This form must be completed and on file with the Infirmiry Health System facility for each instructor utilizing Mobile Infirmiry Medical Center/Infirmiry West/North Baldwin Infirmiry/Oakwood/Thomas Hospital as a clinical site.

