



Labouré College  
Intraoperative Neuromonitoring Certificate Program

## IONM CLINICAL SITE QUESTIONNAIRE

Print legibly or type, scan or save when finished and e-mail the form(s) to [margaret\\_barlow@laboure.edu](mailto:margaret_barlow@laboure.edu).

STUDENT NAME \_\_\_\_\_

I need assistance finding a clinical site: Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered no**, provide the name and contact information of the person that the College should contact to initiate an affiliation agreement. This is typically a Director of Education or Clinical Professional Development. This is a legal document required by all facilities and can take longer than anticipated to process.

Hospital Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**If you answered yes**, please write down the names of any hospitals that would be within a reasonable drive of where you live. Be sure to fill in the street address and the main phone number. If you can find it, please fill out the EEG Department Phone Number or IONM Department or Company Phone Number below. Please do NOT give us the names of doctors' offices, surgery centers or urgent care centers. You will need a general hospital that has an EEG department. Provide as many hospitals as you can. Copy this sheet several times as needed.

1) Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ EEG Dept # \_\_\_\_\_

IONM or Company Dept # \_\_\_\_\_

2) Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ EEG Dept # \_\_\_\_\_

IONM or Company Dept # \_\_\_\_\_

3) Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ EEG Dept # \_\_\_\_\_

IONM or Company Dept # \_\_\_\_\_

*Copy this page to list any additional hospitals*