Bridges to Excellence

Intent to Visit
Bridges to Excellence Experience

Please complete form electronically and e-mail it as an attachment to: patricia.campbell@ucdmc.ucdavis.edu prior to your date of observation.

NAME: ___________________________ DATE: ___________________________

HOME UNIT: _______________________ NURSING MANAGER: _______________________

OBSERVATION UNIT: ___________________ NURSING MANGER: _______________________

PLANNED ABSENCE REQUEST APPROVED ◊ YES ◊ NO

ASSIGNED MENTOR: ___________________________

EXPECTED DATE OF OBSERVATION: ___________________________

Personal Objectives *(Minimum of 2)*

*What do you wish to learn, contrast, evaluate, identify during this experience? What will you do to achieve your goals? Discuss with your mentor and or nursing manager of visiting unit.*

1. __________________________________________________________________________

2. __________________________________________________________________________

3. __________________________________________________________________________