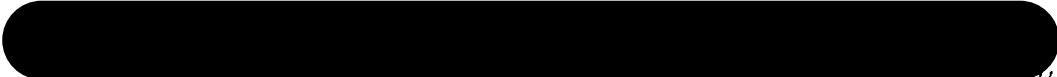


 Clinical Practice Experience Permission Letter

, to conduct their health activity, as described below at our facility. Please note: Students will not be providing direct patient care.

Description:

How pressure ulcers affect the vulnerable elderly
population in a long term population of a skilled nursing
facility in New York City, NY.

Date and Time of Health Education Activity: _____

